STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

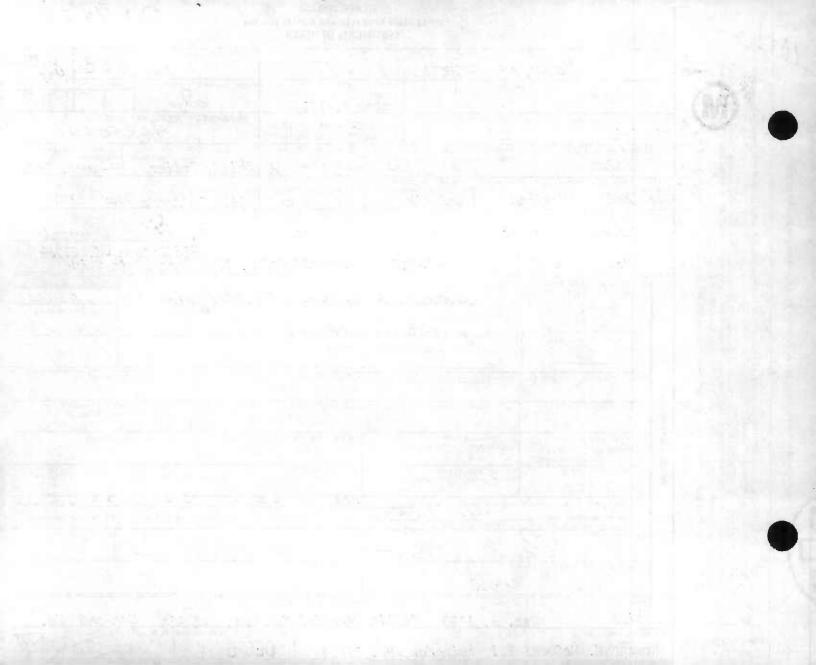
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		REGISTRAR	ME	DICAL EXAMI	NER'S CERTI	FICATE OF D	EATH REG. NO	0.	
ш.:сю.		CEASED NAME FIRST		MIDDLE	AST -	OKIZ	20. DATE KNOWN COF ESTI-	MONTH DAY YEAR 26 HO	OUR 7
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ARY, PINECOUR I		m w	3 30	27 56	DAY) MONTHS DAY		PRONOUNCED DEAD	7-10 1983/1	DUR 27 A M
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D WITHIN 72 HOURS I M PRESTON STREET.	7a. Bl	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED [	9. BALTIMORE CITY C	COUNTY OF DEATH	MD.
PAGE	10. CI	TY OR TOWN OF DEATH	11 NAME OF HOS	SPITAL, NURSING HON	HOS A	TITUTION 12a	USUAL OCCUPATION (TYPEOR MOST OF WORKING LIFE)	OR INDUSTRY	
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L MD	14. FA	Cherles	MIDDLE		THO 15. MC	THER'S MAIDEN NA	MIDDLE	Siere LAST	_
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F VITAL RE TE SHOULD WORD "PE TE CHIEF NO BE USED ENT OF HEA	CERTIFICATION	196. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPE	RATION WAS PERI	FORMED?		20. AUTOPSY?  YES \( \sqrt{NO} \)	
ON OF VITE OF THE WORLD B ARRIVED B B AR	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	OF DEATH P.M	. MONTH DAY YEA	IR		TER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
DIVIS THIS GER E, WRITIN PAGE 35 PAGE 35 STATE DEP	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET	V	CITY OR TOWN	COUNTY STA	TATE
TO MEDICAL EXAMNER: EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 TO FUNERAL DIRECTOR: 1 BATTIMORE, MARYLAND,		22a   certify that I taak ch death resulted fram: No ACTUAL SIGNATURE	atural causes			E (SPECIFY)	determined manner , ,	DATE SIGNED 2 - 10-F	3
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BP	B	JRIAL, CREMATION, REMOVA PECIFY)  URIAL AL JNERAL DIRECTOR	D2C-13/9	33 PARKUS	METERY OR CREM	ETERY P	ARKVILLS	SALTO: MARYLAND	0
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	y be		JAMA	wtha	<b>港</b> .	BAR		December 5 1	983	12 AM
	4 1	3. SEX	r -1	4. RACE	_	5. DATE C	DAY YEAD	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	8	70 BII	PENAIR (STATE OR FOREIG	W CITIZEN OF	WHAT COUNTRY?	Sepa	. 12, 1902	81 YRS.	OFDEATH	
	the part of		OUNTRY)	USA	WITAT COUNTRY	MARRIE	NEVER MARRIED DIVORCED	Herford	OF BEATTI	AAD
	Her de	10. CI	TY OR TOWN OF DEATH	11/ NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		OF BUSINESS OR
1201	y y dille		I RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	ord My	en F	tospital	Assembly Worker	Sho	e
IND 21	24 ho	13e. S	ryland C	county ecil	136 CITY OR TOW Elkton	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 011 Wilderness	Road	21921 200.00000
RYLA	vithin vithin 2 sh		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		10000	AST
MA	ompli ond		George		Harris		Alice		(unkn	own)
MORE	ond c		(AS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF )	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	232-26-2		17. INFORMANT  Richard C Ra	er,418 Ostego St	2190 Ponnu	3 Millo Md
ALT	sicion pers. I		18. CAUSE OF DEATH (Er	nter only one couse pe	-/-		121			DXIMATE INTERVAL N ONSET AND DEATH
ST., B	a phy on pa emov event		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)_	Cardi		Tulmonary	arrest		
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PRES	he de emav ematic	4	Conditions, if any, whi gave rise to immedia cause (a), stating t	ite	OR AS ARONSEQUE	weeks.	1	1 - 1	2	
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5, 20	uires igne ien pli is buri ury, o	z						INAL DISEASE OR CONDITION GIV		
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VITA	hysici icote ronsi Hygi	CER	210. ACCIDENT WAS INDERLYED OR CONTRIBUTING CAUSE	Lad Harris I	OF INJURY	AY YEAR	ZIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 21	
O	SICIA ng p certif riol-u	MEDICAL	(IF EITHER, NOTIFY MEDICALEX	AMINER)	P.M.	19				
DIVISION	PHY trendi	MED	21d INJURY OCCURRED  WHILE NOT WHILE [	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Na	OINC or o or o se as se as solth mark		220.1 certify that (I) (this	haspital) attended t	he deceased from_	-1//-	29 19 83	10 12-5	19 83	, that (1) (we) last
	spital STOR for u of He		sow the deceased of	ive on 12	J-5 10	83.01	d that in (my) (our) opinion	death accurred on the date and hou	r and from th	
	OR A DIRECTOCHECT OCCHECT OPPT If Hem		276. SIGNATURE	I tol	wh.	my	DE REE ATTENDING .	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DAT	E SIGNED
	SPITAL d by 1 NERAL be de e Stot		22 PHYSICIAN'S NAME	LYPE OF PRINTS	111	na-	PHYSICIAN 2	DIRECTOR   PHYSICIAN	41	2/2/83
	O HOSPIT. TO FUNER. Should be d with the Sta		CHARLES	U. To	LEY UR	. 19.	HAURE	CE GRACE	Md.	
	393		URIAL, CREMATION, REM SPECIFY). BWIAL		,		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COMMITY	STATE
4 3	br		INERAL DIRECTOR	Vec. 7,	1983 Bel	AUI M	emorial Garde	ns. Bel Air Have REC'D. BY REGISTRAR 19 PEGIST	ranssigna	Md.
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Item

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MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Butler

YES TO

5. DATE OF BIRTH

MONTH

WIDOWED

REG. NO 20 DATE OF DEATH December 6.

1983 6. AGE (IN YEARS LAST BIRTHDAY)

Greene Street

IF UNDER 1 YEAR IF UNDER 24 HR

2b HOUR

Sept. MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED

YEAR

Harford County LTYPE OF WORK FOR MOST OF WORKING LIFE

Homemaker

13e STREET ADDRESS

70

12b. KIND OF BUSINESS OR INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Aberdeen 70 Greene Street 13d INSIDE CITY LIMITS?

White

76 CITIZEN OF WHAT COUNTRY?

136 COUNTY Harford Maryland Aberdeen 4 FATHER'S NAME

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

4. RACE

MIDDLE

Tomlinson 16h SOCIAL SECURITY NO

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

EIRST Martha 17 INFORMANT

15. MOTHER'S MAIDEN NAME

MIDDLE ADDRESS

Duan 21001

APPROXIMATE INTERVA

21001

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO

Grace

Joyce Wagner. 69 Greene St., Aberdeen, MD CARDIO-PULMONARY FAILURE

IMMEDIATE CAUSE (D) Conditions, if ony, which

PART I. DEATH WAS CAUSED BY

gove rise to immediate

CELL CARCINOMA AGLUNG

20a AUTOPSY?

DUE TO, OR AS A CONSEQUENCE OF

underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

19n DATE OF OPERATION

couse (a), stating

71b. TIME OF INJURY HOUR A.M. MONTH DAY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH? NO [

20b. IF YES, WERE FINDINGS USED

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

P.M 19 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC )

19% CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

CITY OF TOWN

COUNTY STATE

MEDICAL 22a | certify that (1) this haspital) attended the deceased from

- STATE

TYPE OR PRINTS

3. SEX

REGISTRAR

Female

Virginia

O. BIRTHPLACE (STATE OR FOREIGN

18. CITY OR TOWN OF DEATH

I. DECEASED NAME

NOT WHILE

and that if

(my) (our) opinion death accurred on the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL

23b. DATE

id not view the body after death

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

73# LOCATION

DIRECTOR PHYSICIAN

22c. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-33

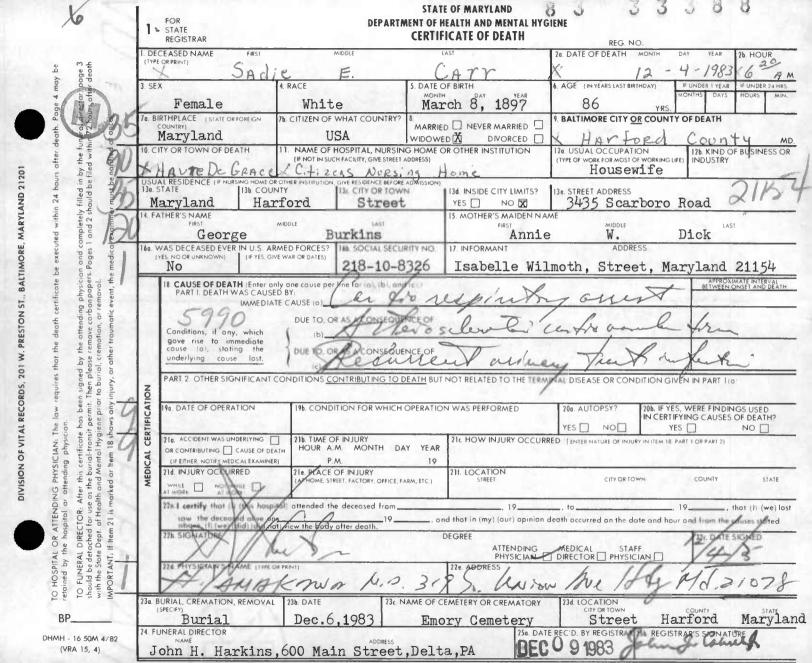
ATTENDING

PHYSICIAN

Harford Memorial Gdns, Aberdeen, Harford, Maryland

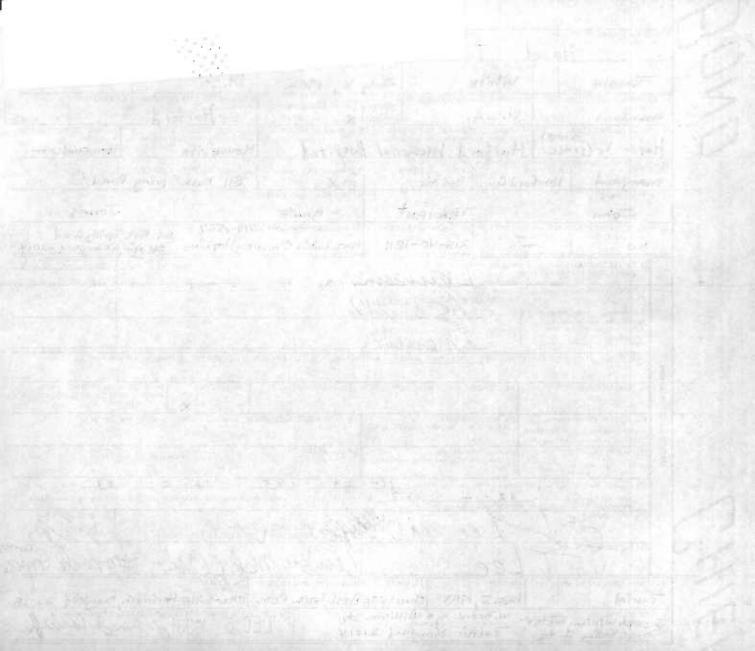
Maker o, 193 - - e - . # fold to go, and large S. 10 T noemilbed .0 Joyce Wagner, UP Browne St., Abernoen, St

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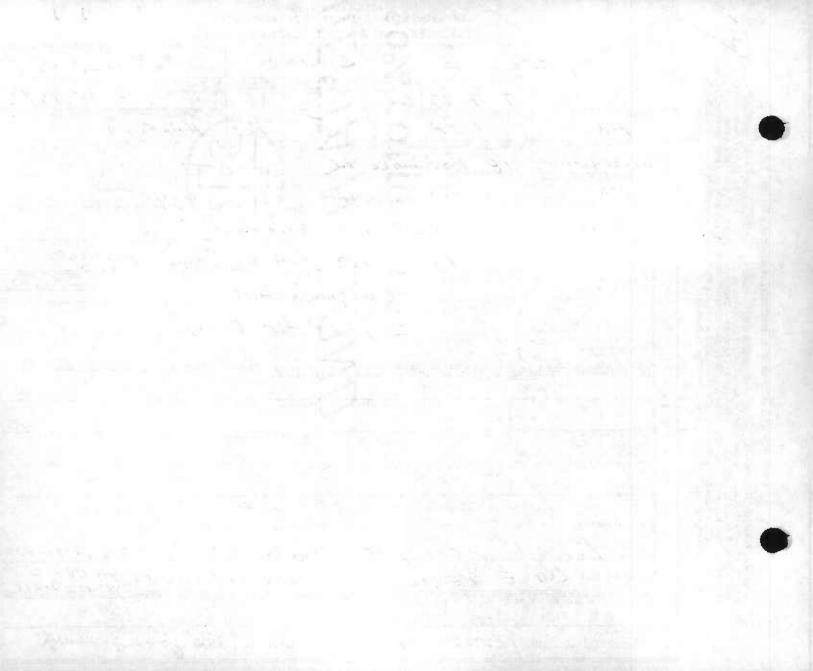


the state of the s VI O Partie of the Control of the Contr DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



6/	1-	FOR STATE REGISTRAR				ENT OF	HEALTH		NTAL HY	GIENE DEATH	3	3 3 g, No.	9	Ü	
PLEASE ECTOR. FILES. HOURS STREET,	(TY	CEASED NAME MY FIRE	of le		MIDDLE		C	IAST /M//	vo	20. D	ATE KNOW OF ESTI- EATH MATE	N D MONTH	DAY 2 79	43	b. HOL
	3. SE	Fem W	1.14 MONTH	7	23	LAGE (IN YEA LAST BIRTHDA	Y) MONTH		HOURS	MIN: PROI	DATE NOUNCED DEAD	MONTH /2	2.J 15	33	P HOL
ZDin	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)		ZEN OF WH	IA		WIDOW		DIVORCE		HAR	FOR S		ATH	M
PAGE PROFE	6	heeseleit/	C (IFN	ME OF HOSP OT IN SUCH FACE	MY CLA	oub Co	Rec	4	ION 1	FOR MOST O	OF WORKING LIFE	(TYPE OF WORK	126 KIND OR IN	OF BUSI DUSTRY	
F ANK CAND 3 RETAIN		AL RESIDENCE (IF IN NURSING) STATE MA 13b. C	OUNTY ARFUR		13c CITY C			13d. INSIDE CIT	Y LIMITS? 1			B Bram	ble La		ма
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANNY GIVE PAGES 1, 2-AND: 1TH FORM PM 3: RETA PAGES AND 2 IVISION OF WIA REC		ATHER'S NAME FIRST LOUIS	MIDDLE		SG	Schry		FIR	R'S MAIDEN		WIDDLE	Crosby	210		
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UTED WITHIN 24 HOL IN PENCIL IN ITEM 16 EXAMINER ALONG TALA-TRANST PERMI OM, OR REMOVAL		Conditions, if only, v gove rise to imme couse (o) stoting the u lying couse lost.  PART 2 OTHER SIGNIFICANT CONDI	AUSED BY: EDIATE CAUSI which diote nder-	(b) OUE TO, OR A OUE TO, OR A	S A CONS	EQUENCE C	Pa e	INO 22.	He	0 Va	ry		BETWEE	ONSET AL	NO DEATH
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BIVISION OF VITAL SCRTIFICATE SHOU RITING THE WORD." ROED TO THE CHIEF SE SPARTIMENT OF HOI OI PROR TO BURIAL	MEDICAL CER	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH	16. TIME OF I HOUR A.M. P.M.	MONTH E	19			OCCURRED	LENTER NATUR	OF INJURY IN IT	M 18 PART 1 OR P			
DIVISIC THIS CERTI WARDED T PAGE 3 SH TATE DEPA	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	2	Te PLACE OF STREET, FACTO			21f LOC	ATION REET		CITY	OR TOWN	CC	YIMUC		STATE
TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAETE DEATH, WITH THE ST. BATTMORE, MARYLAND, 2		220   certify that   took of death resulted from:  ACTUAL SIGNATURE EXAMINER'S NAME			Accident [	, held on Suice	M.E	Homicio JITLE (SPE		Undetermin	quiry , ed monner [  EXAMINER	ond in my o		25-0	#)
	23 a. B	(TYPE OR PRINT)  URIAL, CREMATION, REMOVE PECIFY)				ME OF CEM	ETERY OR	CREMATOR	RY	23d. LOCATI	VN		INTY	STATE	2 V
DHMH - 17 (VR A15 ME (5))	24 F	Burial UNERAL DIRECTOR NAME Leonard J 1	1.1	8/83 nc ^DD Bal		rkwood ce, Ma		nd 25	o DATE REC	Balt 7 198	imore,	Mary 1		eg	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) ESTI-William Donald Cochran DEATH MATED 12/3/8319 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS 28 HOUR DATE White Nov. 29. 1931 52BIRTHDAY) PRONOUNCED Male 12/3/8319 DEAD Рм Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH H BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland II.S.A. Harford County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK LA KIND OF BUSINESS Crusher Operator Harford Memorial Hospital Havre de Grace Gravel 13d INSIDE CITY LIMITS? Penn. R.D. T Box 119-A 3 Bottom lancaster YES X NO [] FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cochran Annie Tyler William 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO (YES, NO. OF UNKNOWN) 215 26 0691 Norma P. Cochran Same as #13 (Wife) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoracic Trauma IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD E. BEPARTMENT OF YES X NO [ 210. EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 15 P.M. 12/3/83 INDERLYING A OR driver in auto/fixed object collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21E LOCATION Conowingo, Md. STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Pilot Town Rd., .6 miles E. of Oakwood Rd., roadway EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH WITH ESTABLISHORE, MARYTAND, A BALLIMORE, MARYTAND, A Autopsy X Inspection 22a I certify that I took charge of the remains described obove, held on Homicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) DATE 12/5/83 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. TYPE OR PRINT 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Maryland Brentwood 12/7/83 Burial Ft. Lincoln Cemetery P.G. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** Hyattsville, Maryland VR A15 ME (5)) 20M 4/82

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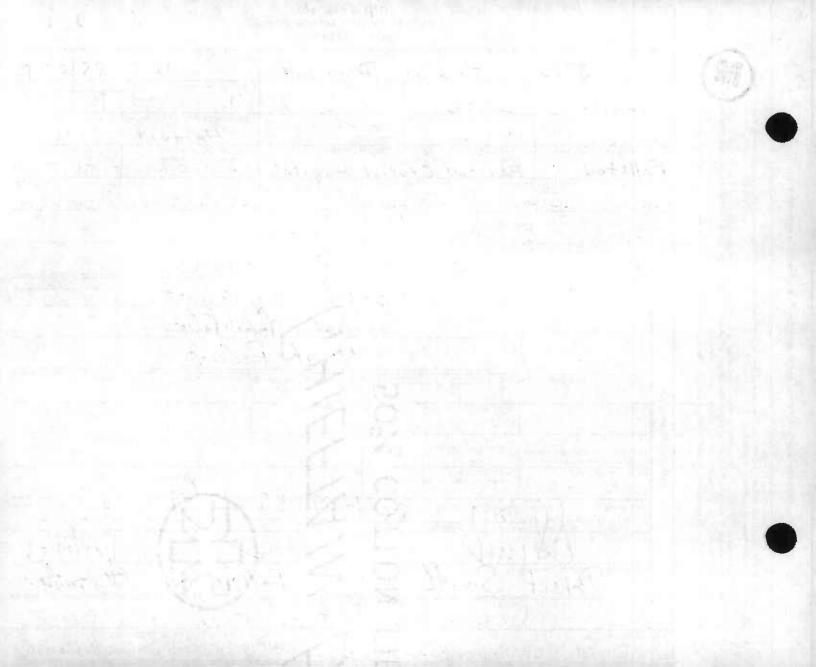
	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE REG. NO.	3 3 9 2 78575
		CEASED NAME FIRST	WIODLE	LAST .	20 DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
be of be		Stewar	rt S. Cropicksha	mk CRUIKSHANK	1	2-31-83 12:20pm
on a	1.56	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
- 6 AVA		,male	cauc.	12-25-09	74 y	RS.
o di		IRTHPLACE > ( STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH
le l	7	Maryland	USA	WIDOWED DIVORCED	Harford	MD.
other of the state	10. C	Bel- Air	111. NAME OF HOSPITAL, NURS HE NOT IN SUCH FACILITY, GIVE STREE BEL AIR NURSIR	ING HOME OR OTHER INSTITUTION OF AGORESS) OF HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Chemist-Fede	
no II	050	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO	RE ADMISSION) WN 113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21087
72 章 まん	1	Maryland Ba	Itimore Kingsv	ville YES □ NO 🎗	11717 Silver	Spruce Terrace
within within	5 M.F.	ATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	
and w	N	James	Stewart Cruitks	shank Eleanor	WIOOFE	Swanson
The source of th		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SEC		ADDRESS	OWUIISOIT
ond o		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR OATES) 212-01-	8444 Sharon Nic	holos 10 Nontun	e Ct Joppatowne M
he low requires that the death ce ion.  Has been signed by the attendin it permit. Then please remove coth in permit to burial, cremation, or ions, only injury, or other troumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	ntington	NIO Suleratic	200 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO } \)
IYSICIAN: TI ding physicis is certificate burial-transif Mentol Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH I	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITE	A 18 PART 1 OR PART 2)
PHYSICIAN: ending phys this certifica the burial-traid Ad Mentol Hy	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	NER) P.M.	19		
S PHY prending er this the bu and M	VED VED	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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OR ATTENDING PHYSICIAN: The I hospital ar attending physicion. DIRECTOR: After this certificate has other for use as the burial-transit personal for the other hand hantol Hygiene if them 21 is morked or frem 18 shows	b	saw the deceased dive	spital) ottended the deceased from on 77 19 19 not) view the body after death.		n death accurred an the date and	haur and fram the causes stated
O HOSPITAL OR A efoined by the hos TO FUNERAL DIREC Should be detoched with the State Dept.		22b. SIGNATURE	/	DEGREE		224. DATE SIGNED
AL O (AL D detoc ofe D ofe D		Willia	h Jyson	MD ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12-31-83
HOSPITAL bined by the FUNERAL build be detected to the State bookTANT; I		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRESS	0. BOX 150	6
TO HOSPITAL ( retoined by the TO FUNERAL E should be deto with the State E IMPORTANT; if		Dr. William	n Tyson	Bradshaw		MD 21087
F 5 E 4 3 ₹	23a.	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	- (0)
BP			1-4-1704	LITA LITARE ACIO.	Pikesville	Balto Md. STATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR King	sville, Md. 2108	25a. D.	ATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
(VRA 15, 4)		Lassahn Funer	ral Home 1750 Be	l Air. Rd.	JAN 5 1984	my lawell

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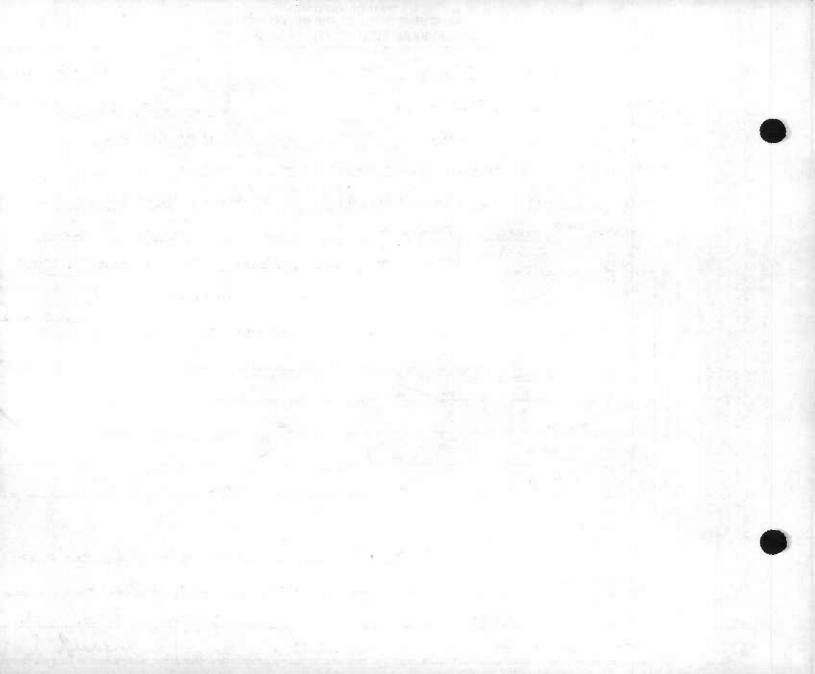
the site	1,	FOR - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	STENE 3 3 3	3 3 9 3
W W		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
والمرابع المرابع المرا		CEASED NAME FIRST MARY	LE ELIZABETI	+ CUERAN	20. DATE OF DEATH MONTH	- 24-83 6:26 M
tar. pag	3. SE	× F	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
a Bo	70 P	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	7 23 1900	9. BALTIMORE CITY OR COU	
Greath.	P	country) ennsylvania	USA	MARRIED ☐ NEVER MARRIED ☐	HARFOR	MD.
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ID 2120	USL	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	1	
Short Short	M	STATE 13b. COL aryland Har ATHER'S NAME	rford Aberde			ir Avenue 21001
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Comp I one	11/	Thomas WAS DECEASED EVER IN U.S. A		vstle Marve	ADDRESS	McCrystle
MORE n and c . Pages			SIVE WAR OR DATES)		Mare 1813 Ander	
SALT of both both both both both both both both		18 CAUSE OF DEATH (Enter t	only one cause are the fair to the	and the form	1/10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy proportion		PART I. DEATH WAS CAUS	ATE CAUSE (a)	seeve plan	& favur	$\ell$
ding orbd		4292	DUE TO OR A CONTEG	KIENCE OF A		
STC death		Conditions, if any, which	( Werta	ated nepl	u weel	1
PRE de		gove rise to immediate cause (a), stating the	DUE TO, OR ALCONSE	Brevet on CO		
W. hat 1 by t by t cre		underlying couse last.	W 150	200		
DS, 20 quires † signed hen ple to burno ijury, ar	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1101
O Principle	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
L REC	FI				YES   NO   IN CE	RTIFYING CAUSES OF DEATH?  YES NO NO
VIITA VIITA VIITA Investicate rounsit Hygid 18 sha	1 2	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN THE	A 18 PART T OR PART 2)
SECIAN ng phy certific prigi-tre ental H ltem 11		OR CONTRIBUTING CAUSE OF D	ALM I	DAY YEAR		
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			pital) attended the deceased from	12-6 19 8	3 10 12 - 24	19 85 , that (I) (we) last
TEND ortol or TOR: A far use of Heal	В	sow the deceased plive of			death accurred on the date and	hour and from the couses stated
R ATT hospit RECT hed for tem 2		22b. SIGNATORE	nor) view the body offer deofn.	DEGREE		22c. DATE SIGNED
AL DIR AL DIR AL DIR THE DEP	33	tolu	w Vin	7 ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12-24/1
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F 5 6 8 7 3	230.	BURIAL, CREMATION, REMOVA (SPECIFY)	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	27 Dec. 83	Bel Air Mem. Garden		rford Md. 21014
DHMH - 16 50M 4/83	24	UNERAL DIRECTOR	ADDRES:		RU 2 8 1983	GISTRAR'S SIGNATURE
(VRA 15, 4)	T	arring Funeral	Home, P.A., Aber	deen, Md. 21001-3399	1000	or while

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18	3. SEX		5.	DATE OF BIRTH	6. AGE (IN LAST BIRTH	YEARS IF UN	DER 1 YR. IF UNDER			DAY	
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	l i	Md.		6 5	A .	WIDOW	_		REURO	4	MD
	10. C1	TY OR TOWN OF DEATH	1 11	NAME OF HOSE	ITAL, NURSING HOA		ER INSTITUTION	12s. USUAL OCCU	PATION (TYPE OF WOR	12b. KIND	
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À	130. 3	MD		FUND	TA'R LET T	SUICLE					
-	14. F/	THER'S NAME		IDDLE	LAST	====	15. MOTHER'S MAID	ENNAME	UDDIE	1,44	
-		ERST Geon	rge	ifton	PANTUN		1810	A			
	16s. V	VAS DECEASED EVER IN	U.S. ARMED	FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS	Den	паго
	(,	20	r TES, GIVE WAR	OR DATES)	215-58-03	329	Mr. G.C.Fa	ntom 4047	Hunt Cre	st Rd.	21084
		18. CAUSE OF DEATH	(Enter anly a	ne cause per line f	far (a), (b), and (c).)					APPRO	OXIMATE INTERVAL
		PART I DEATH WAS	MAEDIATE C		CARDIO	RES	P. GATOR.	Y ARRE	ST	BEIWEER	ONSET AND DEATH
		3400	TOTIEDIATE		AS A CONSEQUENCE	OF		,			
		Canditions, if any		(b)	Musur	42	DYSTROPI	+ 4 .		0 1	a Co movie
		cause (a) stating th		<	AS A CONSEQUENCE		7,5,100				
		lying cause last.		(c)							
		PART 2 OTHER SIGNIFICANT C	ONOITIONS CON	TRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PA	IRT 1 (a).			
	N N				MA.						
1	Y	196. DATE OF OPERATI	ON	196. CONDITI	ION FOR WHICH OP	ration w	AS PERFORMED?		····	20 AUT	OPSY?
	CERTIFICATION	IY,	A				N/A			YES	□ NO E
1	CER	216 EXTERNAL CAUSE	/	216. TIME OF	MONTH DAY YE	21c. HC	W INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR	PART 2)	
1		UNDERLYING OR	USE OF DEA	TH P.M.	H/A	""	•	JA			
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	×	WHILE NOT W	RK	JINEET, FACTO	HA	3	THEE !	~ /A	WIN	UONIY	STATE
				f the remains desc	ribed above, held an	Autops	lacrostic	n I	and in my	opinion	
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		death resolved fram:	19utoral 6	(Ouse) (	Accident L.J., S	oviciae []		Underermined mo	anner [],		
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_	23a.B	JRIAL, CREMATION, REA		DATE	23c. NAME OF C			123d LOCATION		21. \$93. 4PM H DAY YEAR 2d. HOUR 1 19 \$3 4.366  INTY OF DEATH  INT	
	(5	Burial		2/23/83				CITY OR TOWN			
		JNERAL DIRECTOR			Druid I	0	25a. DATE				
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	ctor, page 3	7.2	3. SE)		1 1 100	RACE	- ICAN IEL	5. DATE (			6. AGE (IN	YEARS LAST BI	RTHDAY)		INDER I YEAR	IF UND	R 24 HRS
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	TOR For U	21 is		sow the deceased o above, (I) (we) (did).	live on	12/2	5/88 19	/	nd that in (my)	) (our) opinion	death accur	red on the c	ote and	houro	nd from the	couses	toted
	OR ATT te hospi DIRECT Sched fo Dept. of	tem		226. SIGNATURE	10	A A	7		DEGREE	124	/				22c. DATE	SIGNE	
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Jarrettsville, Md.

Gladden Kurtz

(VRA 15, 4)

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e e e e	(TYPE OR PRINT) AUBT	REY S	MITHSON	HA	RKINS	December	19	1983	9.00Pm
offer of	3. SEX Male	4. RACE White	31131	S. DATE C	L 23, 1906	6. AGE (IN YEARS LAST BIR	7	MONTHS DAYS	HOURS MIN.
<b>1</b> 5	70. BIRTHPLACE (STATE OR FOREIG COUNTRY) Maryland	7b. CITIZEN OF	WHAT COUNTRY?	2	NEVER MARRIED	9 BALTIMORE CITY O Harford			MD.
the further d	Bel Air	877 Ro	ch Spring	Road	R OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O DEPUTY Sher	F WORKING LIF		F BUSINESS OR
in 24 hou filled lic hould be		ome or other institution county.	Bel Air		13d. INSIDE CITY LIMITS? YES NO [	130. STREET ADDRESS 817 Rock S	pring	Road	21014
and with	14. FATHER'S NAME FIRST  Joseph	R.	Harkins		15. MOTHER'S MAIDEN NA/ Martha	C.		Smithso	
be exect	160. WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	212-10-9		Russell Lee	Harkins, 39	ttsvi 15 Fe		ill Road
certificate fing physic orben pape or removal.	18 CAUSE OF DEATH (EMPART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)		ve He	art Failure				mate interval onset and death months
that the death by the attended by the attended common comm	Conditions, if ony, whi gave rise to immedia couse (a), stating it underlying cause lo	ch (b)	Myocardi or as a conseque	al Is				Unko	
he low require on the low require host been sign to permit their general control to be	PART 2: OTHER SIGNIFIC  190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYP				NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF YES	S, WERE FINDIN	GS USED
PHYSICIANA, T emding physici this cartificate to busing training of Attental Hygin of at literal 38 sk	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX  21d. IN JURY OCCURRED	OF DEATH HOUR A	DF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	21t. HOW INJURY OCCURE 21t LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STATE
OR ATTENDING e hospital or oth DalfCTOR Attur school far use or it Dept of Health or	ATWORK  220.1 certify that (1) (this sow the deceased all obove, (1) (we) (did) (c	ve on Feb. 2	19_	83_, 。	nd that in (my) (our) opinion of DEGREE	, to Dec 15 death occurred an the de	ote and hou		
O HOSPITAL  CO FUNERAL  Hould be dete  MEDRIAMI	22d. PHYSICIAN'S NAME Robert A.	Barthel, J		M	PHYSICIAN X 220. ADDRESS 2501 Rocks Ro	ad, Forest	IAN 🗌		20/83
BP	236. BURIAL, CREMATION, REMO (SPECIFY)  Burial				EMETERY OR CREMATORY  L Memorial Gar	236 LOCATION CITY OR TOWN	ir	Harkord	l Md.

Howard K. McComas III, Abingdon, Md. 21009

Item #2b Film #G589

- STATE 3/5/84 jp

REGISTRAR

DECEASED NAME

DHMH - 16 50M 4/82

(VRA 15, 4)

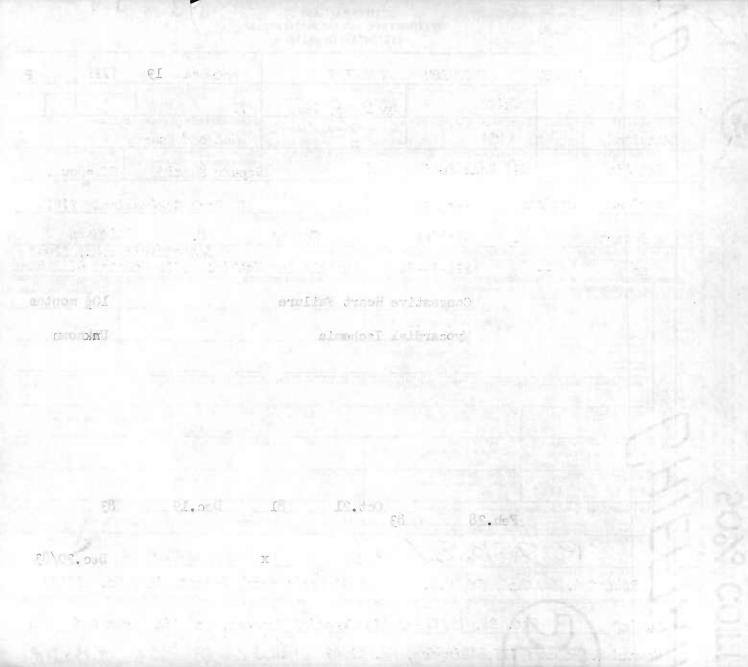
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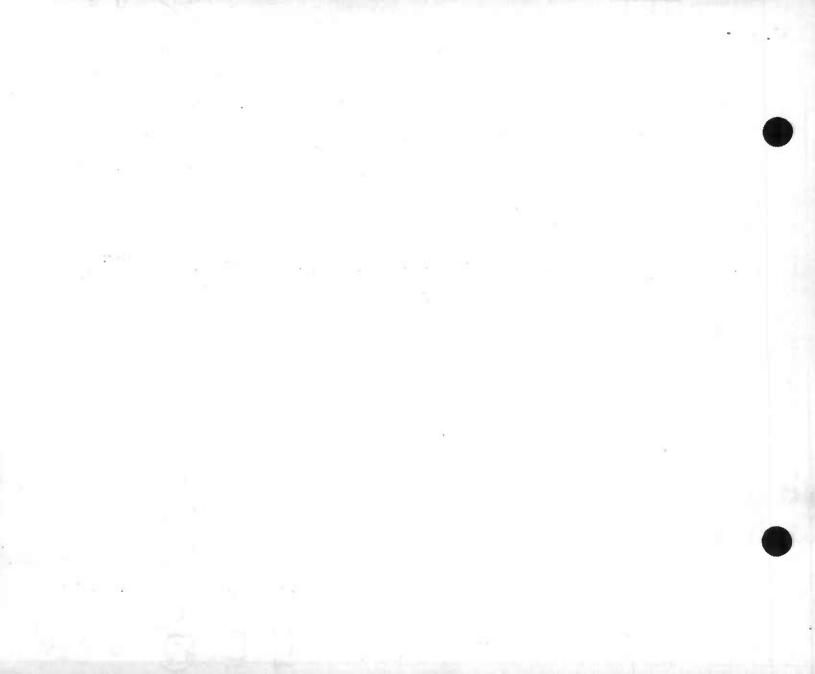
CERTIFICATE OF DEATH

REG. NO

2h HOUR

20. DATE OF DEATH





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STATE OF MARYLAND

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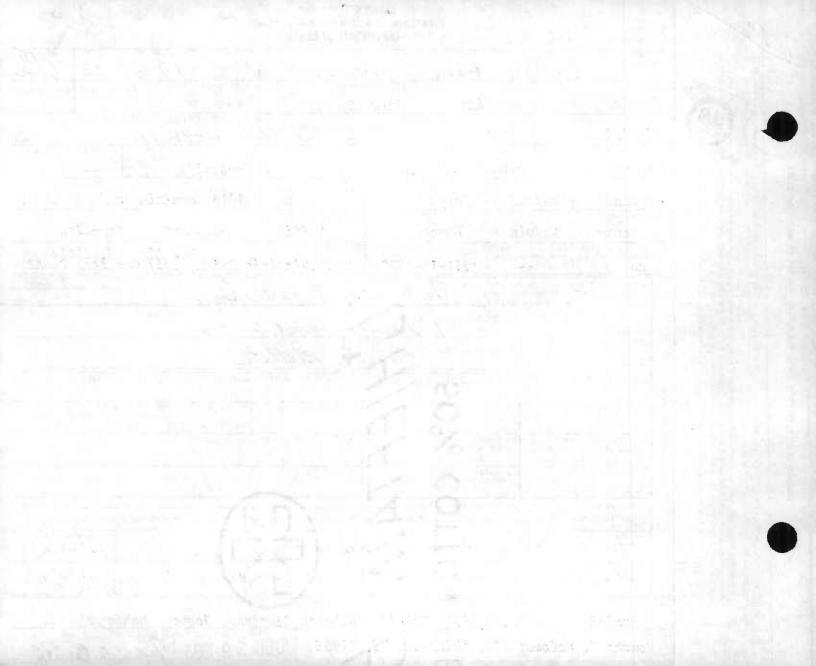
STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENT	AL HYGIE						

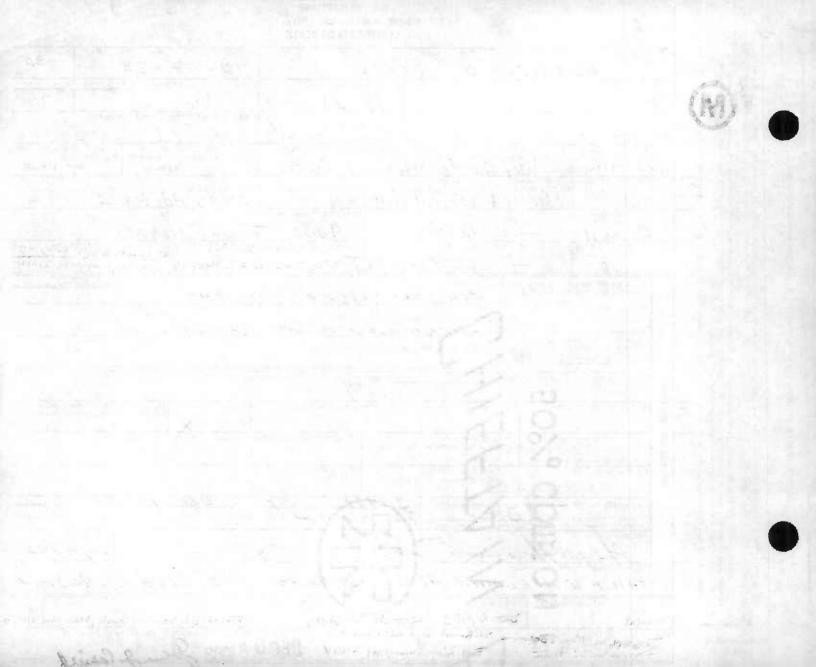
	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	0.	, 0	0
5	(TYPE	CEASED NAME FIRST OR PRINT) Beul		iene	1	lolter	20. DATE OF DEATH	2-27	- 83	26. HOURES
7	3. SEX	emale	4. RACE White	2	July	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	THS DAYS	HOURS MIN.
	70. BII	RTHPLACE (STATE OR FOREIGN COUNTRY). UGINIA	76. CITIZEN OF WE	AT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF	DEATH	MD.
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HO	ACILITY, GIVESTREET	ADDRESS)	OSP	120 USUAL OCCUPATION OF FOR MOST OF HOUS EWIFE		12b. KIND OF INDUSTRY	BUSINESS OR
5	130. S Ma	al RESIDENCE (IF NURSING HOME OR STATE 136, COUNTY ryland Harf	VTY 13	re residence before CITY OR TOW Joppa	E ADMISSION) /N	13d. INSIDE CITY LIMITS? YES NO 🛣	130. STREET ADDRESS 1410 Mour	itain Ro	ad	21085
2	14. F.A	THER'S NAME FIRST Henry Mel	MIDDLE U.CN	Bower		15. MOTHER'S MAIDEN NAM Lettie	Margare	et E	pperl	ey
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES!	18 SOCIAL SECT 12-12-2		Mrs.M. Virgin	ia Smith, 2	o37 Gre		
	Z.	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  2500  Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	D BY: TE CAUSE (a)  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUE	ENCE OF STAR	de melli	Disease tus	DITION GIVEN		AAYE INTERVAL NSET AND DEATH
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	GS USED OF DEATH? NO
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. P.M. 21¢ PLACE OF	MONTH D	19	211. LOCATION STREET	ED (ENTER NATURE OF INJU		COUNTY	STATE
/		270.1 certify that (1) (this hasping the deceased alive an abave, (1) (we) (did) (did not have a server)  270. SIGNIATURE  271. PHYSICIAN'S NAME (TYPE COMMENT)	or print	10	25	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF _		
	(	SURIAL, CREMATION, REMOVAL SPECIFY)  Burial INFRAL DIRECTOR	1236. DATE Dec. 29.10			EMETERY OF CREMATORY  Lutheran Ceme	23d LOCATION CITY OF TOWN  TOTAL REC'D BY REGISTRAR	a Hari		Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

DEC 2 9 1983 John & Comis

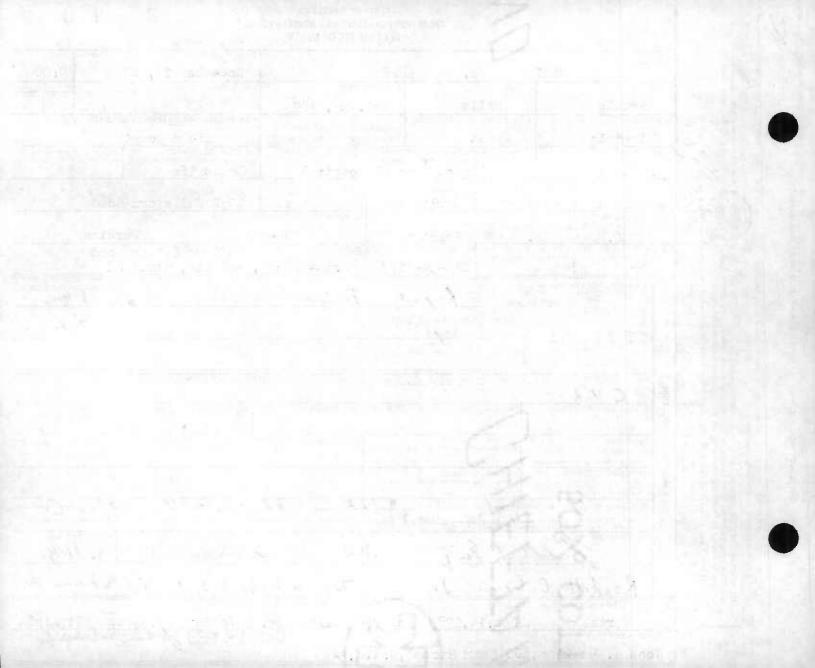




//	1-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIENE
25	1 05	REGISTRAR	MIDDLE LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
e w≠		CEASED NAME FIRST	" - [ - [ ]   ]   - [ ]	12 0 63 1120
may be page 3 er death	3. SE:	Mary Ell	4 RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS
4 off	J. JL.	Fomala	11141TE MONTH DAY	YEAR 900 83 YRS. WONTHS DAYS HOURS MIN.
Poge direct hours	70. BI	RTHPLACE DUTY OF 1949 TON	7b. CITIZEN OF WHAT COUNTRY? B.	RAITIMORE CITY OR COUNTY OF DEATH
death. Page funeral direc	(H	artord) md.	MARRIED NEVER MAR WIDOWED DIVOR	
the fun d withy	10.0		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU	TION 120 USUAL OCCUPATION 126, KIND OF BUSINESS OR
	Be	IAIR	Bel ALR Convalscent Center	- Social Worker
212 212 Be fin B	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  13d. INSIDE CITY	LIMITS? 130 STREET ADDRESS 2/03%
AND 24 h		md. Har	ford Parlington YES & NO	ol 1957 Trappe Church Rd.
AARYLA within poletic	14. FA	THER'S NAME	MIDDLE LAST IS. MOTHER'S MA	
RE, MA	_	JOHNS	Hopkins Jai	ne Edge
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours sysician and completingfilled in by opers. Pages flying 2: Hourle be fill you!. If, the medicolexanger mestibe in		ES NO OF UNKNOWN) (IF YES, GIV	MED FORCES? (66. SOCIAL SECURITY NO. 17 INFORMANT	4. GREGORY, HAVREDE GRACE, MD.
ST., BALTIM rtificate be a physician o an papers. Pe emavol.	_	NO	ly ane cause per line for to All and licit	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I W. PRESTON !		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	
y. Y	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
RECOR	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORM	200. AUTOPSY?   20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO
NG PHYSICIAN: The ling the this certificate has as the buriol-transit per this and Mental Hygene and Amental Hygene and a fire this shows or the miles the m	W.	210. ACCIDENT WAS UNDERLYING	THE TALL MODITION DAY WEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SION OF VI	S	OR CONTRIBUTING CAUSE OF DE.	P.M. 19	
PHYS Hendin The bu	MEDICAL	21d INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216 LOCATION STREET	CITY OR TOWN COUNTY STATE
DIVISION DING PHY: or attendis ic as the bu		AT WORK NOT WHILE	1 - 28	10 62 to 12 - 8 10 8 3 that (I) (we) last
7 2: 2 0 10	19	220.1 certify that (1) (this hasp saw the deceased alive an	ital) attended the deceased from	19
A ATTEN hospital iRECTOR hed for u tem 21 is		bave, (j) (we) (did) (did no	to very the body after death.  DEGREE	122L DAVE SIGNED
0 . 0 0 .	1	A 400	A D I M ( ) ATTE	ENDING MEDICAL STAFF (SICIAN DIRECTOR DIPHYSICIAN DI
HOSPITAL bined by 11 FUNERAL buld be det to the Stote CORTANT:		228. PHYSICIAN'S NAME (TXRE)		
TO HOSPITAL 1 TO FUNERAL 1 should be deto with the Store 1		UNPA +1	acjust 1604	Church. He May
0 g 0 d 3 3		BURIAL, CREMATION, REMOVAL		CITY OF LOWN COUNTY STATE
BP		CREMATION	DEC.10,1983 CRATIN & FERRI	WEDT CHEDITAL
DHMH - 16 50M 4/B2		UNERAL DIRECTOR	ADDRESS DELTA	250. DATE REC'D. BY REGISTRAR'25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	J	JHN H. HAKKINS,	600 MAIN STREET, DELTA, PA.	UEU 1 4 1983 Alan & Court

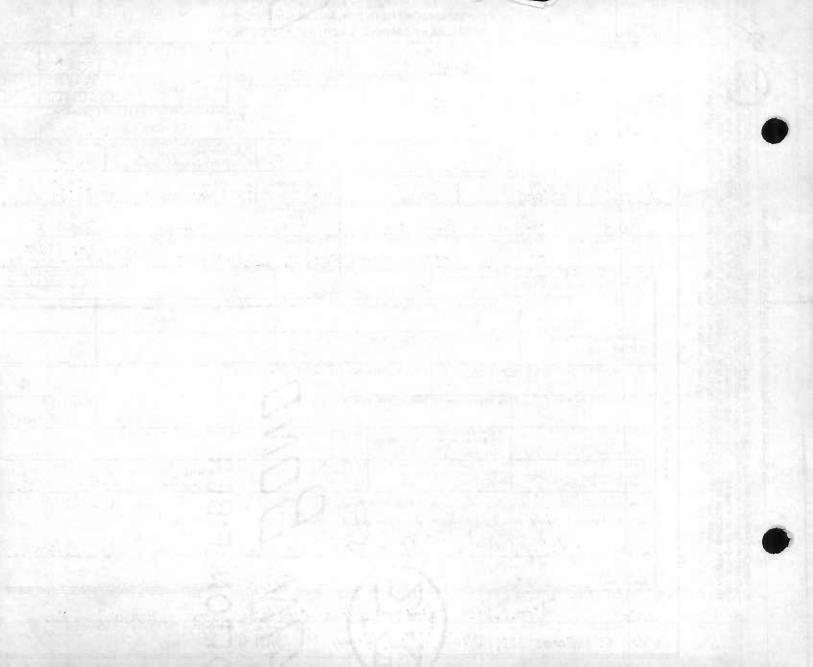
/				STATE OF MARYLAND	8 3 3	3 4 0 9	
6	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENT			
11-		REGISTRAR		CERTIFICATE OF DEATI	REG. NO	D.	
		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR 30
1 74	( ! Abe	OR PRINT) Ada	t.	Homeru	December	er 25 1983	12 AM
alan.	3. SE>		CE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	IF UNDER 24 HRS
1		Female	White	11-23-190	4 79	YRS.	HOURS MIN.
4 80 60		THPLACE (STATE OR FOREIGN 76 CIT	TIZEN OF WHAT COUNTR	MARRIED NEVER MARRI	ED BALTIMORE CITY O	R COUNTY OF DEATH	
de la				WIDOWED DIVORCE		d	MD.
on softer by the f	10 CI	vre de Orace /-	FNOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION OF THE PORMOTE FOR MOSTO		OF BUSINESS OR
15 on u	MSUA 13a. S	L RESIDENCE (IF NURSING HOME OR OTHER	INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	MITS? 13e STREET ADDRESS	ZIP CODE 1.	19/03/5
NI 24		TRNNA CIUL	les Osfore	YES NO	A 1400 LAT	UCASER HVE	17263
ored within to a completely a c	14. FA	THER'S NAME MIDDLE	CAlver	15. MOTHER'S MAIN	Plotte MIDDLE	JACT	Lson
MORE Pogas		AS DECEASED EVER IN U.S. ARMED F es, NO JUNE OWN (IF YES, GIVE WAR O		9834 MACY V. 61	Ipin 711 Chesmes	Ke DRIVE HA	rede Grace
, BALTI ficate b hysiciar papers. aval.		18 CAUSE OF DEATH (Enter only one	couse per line for (0) (b),	ond ier		APPROX	MATE INTERVAL ONSET AND DEATH
T, phy npo	100	PART I. DEATH WAS CAUSED BY:	11/1h1	ranow kn	ellmone		
ON S  th cer nding carba carba notice	199	4380	UE TO, OR AS A DISE	NENCEON 11 1		9	
deat deat deat deat ove ove oum		Conditions, if any, which	(b) 000	WH		the state of the	
V. PR		gove rise to immediate cause (a), stating the underlying cause last.	UE TO, OR AS A CONSEC	UENCE OF			
201 W			10				
. 2 2 2	z	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 11	o
0 9 9 57	CERTIFICATION	19a DATE OF OPERATION I	96 CONDITION FOR WHI	H OPERATION WAS PERFORMED	20s AUTOPSY?	206 IF YES, WERE FINDIN	NGS USED
he law on. hos be to permit the principle owicen	IFIC				YES TO NOT	IN CERTIFYING CAUSES	
F0000	ERT	21a. ACCIDENT WAS UNDERLYING 7	16. TIME OF INJURY	21¢ HOW INJURY	OCCURRED (ENTER NATURE OF INJUR		NO []
N OF VIII		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	- Tooling (Englishment and		
ON OF ITSICIAL INTERPORT OF ITSICIAL INTERPO	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  2	P.M. Ie. PLACE OF INJURY	211 LOCATION			
Si Te te de la Si	ME		AT HOME, STREET, FACTORY, OFFIC		CITY OR TO	WN COUNTY	STATE
		AT WORK AT WORK		102 - 20	83 12-	25 83	
E He S		22a I certify that (f) (this hospital) of saw the decrosed alive an	tended the deceased from	1/2/	opinion death occurred on the de		that (I) (we) lost
ATT ATT		above, (1) (we) (did) (did-pat) view	the body after death.		opinion death accorred on the de	-	couses stated
0 = 0 0 ±		22b. SIGNATUR	011	DEGREE ATTENI	DING MEDICAL STAF		1/02
PITAL by th by th ERAL Stote Stote		220 PHYSICIAN'S NAME ITYPE OF PRINT	a fur	PHYSIC	CIAN DIRECTOR PHYSIC	IAN [] [	3/12
HOS ained FUN ould b th the		Joya	OVun	Har	ine de gr	ale.	mel
99999 E		URIAL, CREMATION - REMOVAL 23b	DATE 130/83 23	NAME OF CEMET REPORCEEM	ATORY 234 LOCATION	Chiote	Peikh.
DHMH - 16 50M 4/83	24 FL	NERAL DIRECTOR Salut /	Laure.	RIGING	75s DATE RECD. BY A GISTAN	35 REGISTRAR'S SIGNAT	URE
(VRA 15, 4)	15	, TIFUARD FU	MERAL HO	ME SCHAL	ANU 3 1984	and laure	4

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8	1-	FOR STATE REGISTRAR		MEI	DEPARTMENT O	INER'S C	AND MENTAPH ERTIFICATE O	F DEATH	S S REG. NO.	4		
78 Va.		CEASED NAME OR PRINT)	e First Gary	1	MIDDLE		umphries	OF OF	E KNOWN X		30 19 83	2b. HOUR
	Ma Ma	le	4. RACE White	5. DATE OF BIRTH	YEAR 6. AGE (1 LAST BIR	IN YEARS IF UNE	DER TYR. IF UNDER	24 HRS. 2c. DA MIN PRONO DE	UNCED	12	30 <sub>19</sub> 83	2d. HOUR 3:40
NECESSA UNERAL S FOR Y MYTHIN PRESTI	E	RTHPLACE (S REIGN COUNTRY) alto.C	o., Md.	USA	HAT COUNTRY?	WIDOWI		ED H	arford Co	ounty	,	AC JA
ELAY IS TO THE F PAGE BE FILED	4	or town Fallsto	on	(IF NOT IN SUCH FA	PITAL, NURSING HO CILITY, GIVE STREET ADDRE ton Genera	al Hosp		FOR MOST OF V		WORK 12	OR INDUSTE	SINESS RY
AND 3	5 130. S Ma	ryland	Harfo	TY	VE RESIDENCE BEFORE ADA 1136. CITY OR TOW Edgewood		YES NO		ress rford Squ	uare	21040 Drive	
DEATH GES 1, 2 M PM 3 M D 2 OF MA	4	FIRST CATY		MIDDLE AUNE	Humphrie	S IBITY NO	15. MOTHER'S MAIDE  GLENNA  17. INFORMANT	E	VONNE	Ser	sabaug.	h
RS AFTER S. GIVE PA WITH FOR T. PAGES I DIVISION	(Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE Y	WAR OR DATES)	212-9 &		Gary W. Hu	mphries,	Edgewo 1355 Ha	od,	Md. 210 d Squar	140 Le Dr
THE WOLD ST		PART I DI	EATH MAKE CALICED	E CAUSE (a) GU	for (a), (b), and (c).	nd of c	hest	(r.	ifle)		APPROXIMATE BETWEEN ONSET	AND DEATH
W. PRESTON WITHIN WINER AMINER ATTENNED TRANSITION OR REMCOREMCOREMCOREMCOREMCOREMCOREMCOREMCO		gave r	ns, if any, which ise to immediate ) stating the <u>under-</u> use last.	(b)	AS A CONSEQUEN							
SEA A SEA	NON						DR CONDITION GIVEN IN PAI	RT 8 (a).				
F VITAL RECO E SHOULD BE WORD "PENDI E CHIEF MED E CHIEF MED ENT OF HEALTH BUT OF HEAL	TIFICAL		OPERATION		TION FOR WHICH O						20. AUTOPSY?	№ □
DIVISION OF VITAL RE SCENTFICATE SHOULD RITING THE WORD "PE ROED TO THE CHIEF A ET SHOULD BE USED. E DEPARTMENT OF HEA OF PRIOR TO BURNAL, OF	MEDICAL CERTIFICATION	UNDERLY INC	AL CAUSE WAS G OR NG CAUSE OF D	DEATH 2 P.M	MONTH DAY Y	83 Se	WINJURY OCCURRED  If inflict		INJURY IN ITEM 18 PART	1 OR PART 2	7)	
	WED	21d INJURY O WHILE AT WORK		х .	OF INJURY (ATHOM TORY, FARM, ETC.) HOME	202	0 Starr	City OR Edo	nwor	COUNT		Md.
NER: CATE FOR: THE S AND,		226. I cert death result	1/1/	2 11	Actident ,	Suicide X	Hamicide ,	Undetermined		т ту аріпі	an	
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BATTIMORE, MARYL	1	ACTUAL SIGNATURE EXAMINER'S	NAME	man	77/m	U	Deputy Chi			DATE SIGNED.	12/31	/83
TO FU	23a.B	(TYPE OR PRI	nt) The		mith, M.D	CEMETERY OR		Penn St	Balto,	.Md.	ST	ATE
BP DHMH - 17 (VR A15 ME (5))	24. F	Burial DIRECT DIRECT	CTOR	Jan. 2, 1984	<u>1 Trinitu</u> ingdon, Mo			ry John	RAR 256 REGISTR	hord	Md.	K
20M 4/B2				,	5		3,11					

E OE MADVI AND



-	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 -		2
1		CEASED NAME	FIRST	A	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	(1146	m	7211	ve	F.	I	ruin	Dec. 9	1983	3	3:54 M
	1. 5EX	(100)		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HOAY) IF UND	DAYS	HOURS MIN.
		F	Lee .	В		7	17 18	65	YRS.		
9		RTHPLACE (STATE OR F		76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIO	BALTIMORE CITY OR COUNTY OF DEATH			
4	10. CI	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION			BUSINESS OR
6		ure de Ge		HACT	HEACILITY, GIVE STREET A	noria	1 Hospital	Housewife	F WORKING LIFE)   IN[	DUSTRY	
5	13a 5	IL RESIDENCE (IF NURS TATE Md.	134 COUN	otherinstitution.	13c. CITY OR TOWN Aberdeen	ADMISSION)	13d. INSIDE CITY LIMITS? YES K NO	13. STREET ADDRESS / 105 Hamil		02	1001
2	84. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
1		Harvey			Faiso		Sally			rancl	n
1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRE			
		No			401-20-3	910	Jessie T. I	rvin same	as above	1000000	MATE INTERVAL INSET AND DEATH
		PART I. DE ATH W.  Conditions, if ony,	MAS CAUSE  IMMEDIA  Which	D BY: TE CAUSE (o). DUE TO, O	u/mon	NCE OF	Heart for	of and	Prease	dis	ed
	2 (	underlying cause		(c)	Up cent	2.	NOT PELATED TO THE TERM	LINAL DISEASE/OR CON	DITION GIVEN IN	PART lio	
1	CERTIFICATION	IN DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	ION FOR WHICH ORRESTON WAS PERFORMED			20b. IF YES, WER IN CERTIFYING YES		
1	III DEC M	218. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	HOUR A.		JURY 216 HOW INJURY OCCUR			RY IN ITEM 18 PART 1 O	R PART 2)	
	MEDICAL	ZHE INJURY OCCUR	HED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		21 F. LOCATION STREET	CITY OR TO	wn co	OUNTY	STATE
		22a I certify that (I) saw the decease above (I) (we) (				120	nd that in (my) (aur) opinian	death accurred on the de	ate and hour and		that (I) (we) last causes stated
		Whenle	)//	Some	mil		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		0.11	SIGNED 1,83
		8ANG	AME (IVE	KIM			308. S. Un	ion Ave	Havre o	le C	Trave, 1
	23a E	BURIAL CREMATION	REMOVAL	236. DATE 12/17.	/83 Nt.	Zion	EMETERY OR CREMATORY Church Cemete	ry Margarets	ville N.	Hamp	ton N.C.
	24 FI A1	UNERAL DIRECTOR	eard	353 Four	ntain St.	Havr	e de Grace DE	REC'D. BY REGISTRAR	REGISTRAR'S	SIGNATI	URE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If hem 21 is marked or hem 18 shaws only illjury, as other traumatic event,

TO FUNERAL DIRECTOR. After this certificate has been signe should be detached for use as the Burial-transit permit. Then plant the State Data. of Health and Mental Progress price to buri

ATTENDING PHYSICIAN, The low depthal or attending physician.

TO HOSPITAL OR ATTEN-reformed by the hospital

A THE STATE OF THE

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e en car hour and avi				
H90670	ulida.	# ( M. <u>†</u>		Valoria I
SVOOL BE HOME STEVEL	1961	0168-02-108		
		r. Killi		222
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29, 0, 26, 0, 23			E AND A	
			Wall The	Births.
. M. J.			114	111
No. 1				

105	1-	FOR STATE REGISTRAR	DE	PARTMEN CERTIFIC	AND MENTAL H	IYGIENE 3 3 3	4   3
Page 4 may be director, page 3 hours after death	3. SE	Female	A RACE CAUCOS	S. DATE OF E	BIRTH YEAR - 12 - 11	20. DATE OF DEATH MONTH  2 - 6  6. AGE (IN YEARS LAST BIRTHDAY)  7-2  Y	IF UNDER 1 YEAR IF UNDER 24 HAS MONTHS DAYS HOURS MIN.
function Property of the Property of Spires	10. CI	RTHPLACE (STATE OR FOREIGN OUNLEY)  ARYLAND IY OR TOWN OF DEATH  ALLSTON	7b. CITIZEN OF WHAT COULD SALE TO SALE THE SALE	WIDOWED [		12g USUAL OCCUPATION	12b. KIND OF BUSINESS OR
within selection is discontinuous description in the continuous description is discontinuous description in the continuous description is discontinuous description in the continuous description in the continuous description is discontinuous description in the continuous description in the continuous description is discontinuous description in the continuous description in the continuous description is discontinuous description in the continuous description description in the continuous description description in the continuous description in the continuous description in the continuous description in the continuous description d	USU/ 13a. S	LE RESIDENCE (IF NURSING HOMEON TATE 130 COUNT THER'S NAME FIRST	TO. 13c. CITY O	R TOV(1) 13	d. INSIDE C	? 130. STREET ADDRESS YOU	JE Rel J
e be executed v cion and compl ers. Pages Pare I.	16p. V	VELSON R VAS DECEASED EVER IN U.S. 'AR ES. NO OR JINKINGWAI) (IF YES, GIV	e war or dates) 215	10-149C	MATTIE INFORMANT Llewellyn	E. Jones Jr.	SHAW  Same  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certificate signed by the attending physici fren please remove carbompopes to burial, cremation, or removal.	N	PART I. DEATH WAS CAUSE  3 9 9 IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF L	Le Alexandra Related to the Ti	A LOS CONDITION	de
N. The low re tysicion. Toonsi permit. Hygrene prior 18 shows ony i	AL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR		200 AUTOPSY? 20b. INC. YES NO CURRED (ENTER NATURE OF INJURY IN ITE	IF YES, WERE FIND INGS USED  THE TIPYING CAUSES OF DEATH?  YES NO
DING PHYSICIA or ottending pla After this certif e os the buriol-t olth ond Mentol morked or item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	If. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTEND TO FUNERAL DIRECTOR: should be detoched for use with the Stote Dept. of Heo IMPORTANT: If Hem 21 is in		225/RICHATURE	1 View the body ofter death.	19 & 3 , and	GREE ATTENDING	ion death occurred on the date and	()
Bb————————————————————————————————————		URIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE 12–27–83	23c. NAME OF CEM Green	Mount	Balto.	COUNTY STAIN.
DHMH - 16 50M 4/82 (VRA 15, 4)		NERAL DIRECTOR NAME Henry W. Jenk	ins & Sons	Co.,Balto	250 Md. 250	EC 2 7 1983	EGISTRAR'S SIGN (SEAST

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FALL TOR SEAL OF SEAL AND SEAL OF SEAL Henry W. Jankins & Sone Co., Eatly, J.W., 1980 & 2 Sun J

the funeral director, page 3 d within 72 hours after death

## STATE OF MARYLAND

	- STATE REGISTRAR	DEP		FICATE OF DEATH	REG. NO	D.				
	1. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEA	R 2b. HOUR			
	OLIVE				1:	2/ 12/ 83	8:35 Am			
	3. SEX	1. RACE	5. DATE (	ONES OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS			
	FEMALE	WHITE	AP	RIL 23, 1909	74	AYS HOURS MIN.				
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
Ì	PA.	USA	WIDOW		HARFORD CO. M					
	10 CITY OR TOWN OF DEATH HAVRE de GRACE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE CITIZENS NUR	STREET ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER  126 LIFE 1126 KIND OF BUSINESS OR INDUSTRY					
1	USUAL RESIDENCE (IF NURSING HOME COLI 136 STATE			1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS					
	MD HARF		de GRACE	YES NO	318 NORTH STO	KES STREET	21078			
9	14 FATHER'S NAME		1	15. MOTHER'S MAIDEN NA	ME					
1	DAVID Mc	C. WAX	iT	MARY	WIDDLE	DeV	DeVOR			
	160. WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRESS					
	(YES, NO OR UNKNOWN) (IF YES, GI	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			SO DOLIDDONI CTO	DEET HAMPE A	CDACE MD			
		only one couse per line for (a), (		CHARLES JONES 4	TO DUURDUN 31F		e GRACE, MD			
	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONS  (b) 1210  DUE TO, OR AS A CONS  (c) CONDITIONS CONTRIBUTING  19b. CONDITION FOR W	SEQUENCE OF  G TO DEATH BUT	Nellelles	200 AUTOPSY?  YES	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH?			
	O CONTRIBUTING CAUSE OF DI  OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	n county	STATE						
	22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 72b. STONATION 22d. PHYSICIAN'S NAME (TYPE)	of view the body offer death.		DEGREE PHYSICIAN 122. ADDRESS 407 SOUTH UN	MEDICAT STAR	te and hour and from 22c. D	ATE SIGNED			
	23g. BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	(SPECIFY) BURIAL	15DECEMBER83	ILL CEMETERY	HAVRE de GRA	ACE, HARFORD,	MD.				

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pric IMPORTANT: If them 21 is marked or them 18 shows any

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

HAVRE de GRACE, HA

ADDRESS MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

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10	1-	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 4 1 5  MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
20 × 10 × 10	T. DE	CEASED NAME E OR PRINT)	FIRSThomas	zs	MIDDLE LANCIS		LAST Kelly		REG.  DATE KNOWN OF ESTI- DEATH MATED	NO.  MONTH	DAY YEAR 9 19 P3	26. HOUR / 20 M
	3. SEX	M	W MC	ATE OF BIRTH	YEAR 6. AGE (IN LAST BIRTI				DE AD	1 Z	9 19 year	2d. FIOUR 3 / 30 9 M
The second secon	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  FAILS FOR			CITIZEN OF WH	A	WIDOW		DRCED		or)		MD.
ELAY IS TO THE F E PILED				11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FAILT FLA			IER INSTITUTION 120. US		USUAL OCCUPATION (TYPE OF WORK		US-govt.	
F AND 3 AND 3 SHOULD PRECOR	13a. S	LA RESIDENCE (IF IN NU	13b COUNTY		13c. CITY OR TOWN	SSION)	13d INSIDE CITY LIMIT YES NO		TADDRESS PL	1000		Rel
FE 1, 2 PM 3 ND 2 NND 2	14. F/	Joseph	MIC	DDLE	Kelly		15. MOTHER'S M.		MIDDLE		Conway	Thet.
BALTIMO! JRS AFTER DE 3. GIVE PAGE WITH FORM TO PAGES LA DIVISION O	16a. V (Y	VAS DECEASED EVER ES, NO. OR UNKNOWN) NO	IN U.S. ARMED (IF YES, GIVE WAR C		075-07		Joseph I	Meehlas	4.418 Phi	ladelx	hia Roc	ad 5
LI RECORDS, 201 W. PRESTON ST.  ULD BE EXECUTED WITHIN 24 HOU.  "PENDING" IN PENCIL IN ITEM 18  EF MEDICAL EXAMINER ALONG FED AS A BURIAL TRANST PERMIT  HEALTH AND MENTAL HYGIENE,  CREMATION, OR REMOVAL.	7	Conditions, if c gave rise to couse (a) stating lying couse lost.	immediate the <u>under</u>	(b) DUE TO, OR (c)	AS A CONSEQUENC  AS A CONSEQUENC  UT NOT RELATED TO THE TE	E OF	Ascu.		/3//			
₹ PRENOE /	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPSY	Y? NO []
SION OF VI RTIFICATE SY NG THE WO! O TO THE CS SHOULD BE PARE WENTER RECE TO BUIL		210 EXTERNAL CAUSE UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	H P.M.	MONTH DAY YE	AR		RRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PAR		
DIVISION  THIS CERTIFIC  E. WRITING THE  RWARDED TO  F. PAGE 3 SHOUL  STATE DEPART  7, 21201 PRICE	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE ORK	21e PLACE C STREET, FACTO	OF INJURY (AT HOME, DRY, FARM, ETC.)		TREET		CITY OR TOWN	cou	INTY	STATE
MEDICAL EXAMINER: ECUTE THE CERTIFICATE OR 4 SHOULD BE FOR FUNERAL DIRECTOR! TER DEATH, WITH THE S FUNDORE, MARYLAND,		270. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner,  ACTUAL SIGNATURE										
Bb———	23a.B	JRIAL, CREMATION, R	EMOVAL 236 D Pec	.9,1983	Branch Fu	emetery o ineral	R CREMATORY Home	Smith	TOWN	iffolk	N.Y.	STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80		ward K. Mc	.Comas I	II, Abi	ngdon, Md.	2100		EC 1 2		GISTRAR'S S	GRAND	R

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STATE OF MARYLAND

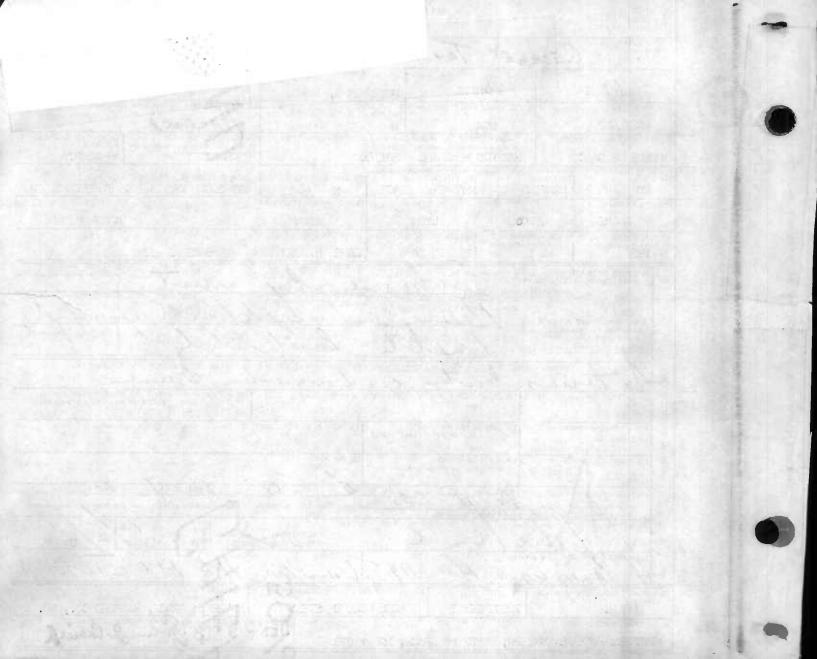
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/R2 (VRA 15, 4)

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oge 4 may be rector, page 3 urs after death	3. SE.	Male Cauca	S. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  G 9 YRS	MONTHS DAYS HOURS	DER 24 HRS
decrif. Po	ľ	HPLACE ISTATE ORFOREIGN 76 CITIZEN OF W. NIRY) US	MARRIED WIDOWED		9 BALTIMORE CITY OR COUN	artord	MD.
by the fur	A STATE OF THE PARTY OF THE PAR	(IF NOT IN SUCH	DSPITAL, NURSING HOME OR FACILITY, GIVE STREET ADDRESS)  TO NEY TERRAC	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	neer	
ARYLAND 2120 d within 24 hours place by Kinds in b ind 2, hould be fill by commence of the complete of the com	130. 5	MD 136 SOUNTY FOR d	Fallston	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NAM	NE /	errace	047
RE, MARY	16a. V	A CONTRACTOR OF THE CONTRACTOR	1	Kathlee	ADDRESS	Sween	ey
BALTIMO cole be es cole be es open. Pos open. Pos open. Pos open. Pos open. Pos	-	8. CAUSE OF DEATH (Enter only one cause per PART ). DEATH WAS CAUSED BY:	763-34-460G	Ruth E. M	luna	APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
W. PRESTON ST., at the death certifi by the attending pi te remove cultion pi te remove cultion pi te remove cultion pi te remove cultion pi		IMMEDIATE CAUSE (a)  DUE TO, OR  Canditians, if any, which gave rise to immediate	AS A CONSEQUENCE OF	was refur		probable	huger by
RECORDS, 301 low require the control of the piece perior to buriol is only injury, or a	LION	PART 2. OTHER SIGNIFICANT CONDITIONS CO					
	CERTIFICATION	96 DATE OF OPERATION 198. CONDIT	IN IURY			YES, WERE FINDINGS US RTIFYING CAUSES OF DE YES NO	ATH?
DIVISION OF VITAL NG PHYSICIAN: The ottending physicion of ter this certificate has the buriol-transif phy and Mental Hygier hand Mental Hygier priced or term 18 shaper.	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  716, INJURY OCCURRED  716, INJURY OCCURRED	MONTH DAY YEAR	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
piral or DI prival or USe for use of Heal		(2a.l certify that (1) this haspital) attended the saw the deceased glive an 22 hobby (1) we) fit id (Idid nat) view the body of	2 1 19 <u>83</u> , and		to 12/23	haur and fram the causes	
HOSPITAL OF AT ined by the hosp FUNERAL DIRECT VIDES for the State Dept. of the State Dept. of the State Dept.		PTE-SIGNATURE TO KEEP PRINTI	len MI	ATTENDING PHYSICIAN TO 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12 23	83
TO HOSF retained TO FUNI should b	23e	Phyllis K. Pullen IRIAL, CREMATION, REMOVAL 1236, DATE	MD 1234 NAME OF CE	2807 Jerusa METERY OR CREMATORY	23d. LOCATION	isville, maz	.1087
BP		BURIAL 12/30	183 ST. JOS.	EPH & CEM.	IRISHHILL	m.	CH:
DHMH - 16 25M (VR A 15 (4) ) 9/74	24. F	VERAL DIRECTOR E. BARNES NAME FLEMING FUNERAL		SONMD OFF	REC'D. BY REGISTRAR 256. REG	SIGNATURE Come	il

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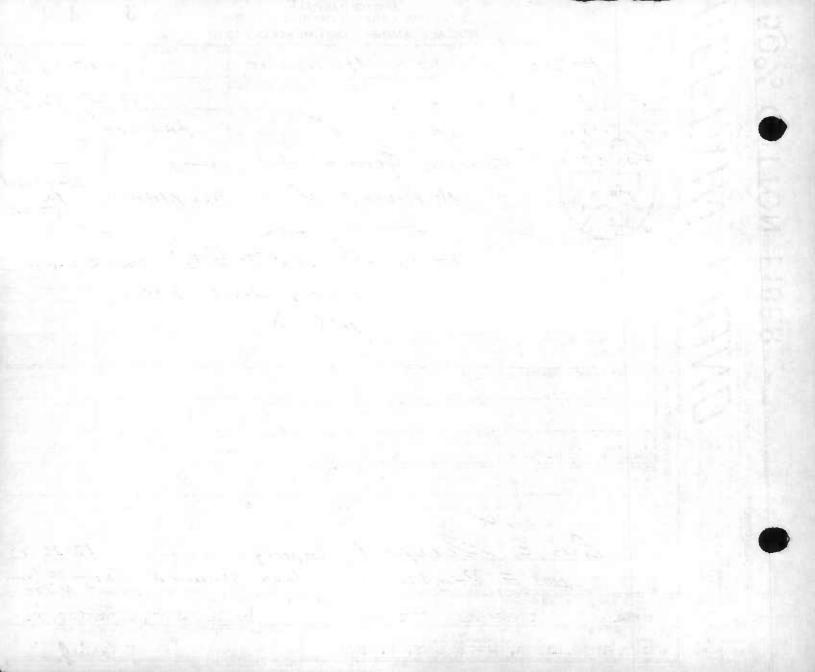
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/	8	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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100055 T	1.5E		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
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。展園が同う		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	* MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
	2	Balto. Md.	U. S. A.	WIDOWED DIVORCED	HARFORD	COUNTY
WH 27	4 10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS O
1 11	41	ALISTON ,		NERAL HOSP		lan I. B. E. W.
1100	esu	L RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 13c. CITY OR TO	DRE ADMISSION)		1156 Md.
1 12 16	1	Md. Balte		WN 13d. INSIDE CITY LIMITS? YES □ NO ☑	13e STREET ADDRESS	Rd Upper Falls
4 35 66	MA. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	AME	
1 11/19	1	Eli	McClear	y Elizabeth	MIDDLE	Bensel
1 1/4	16a V	VAS DECEASED EVER IN U.S. AI				
1 10 p 2	10	(# YES, GI	705-09-8	Mag Fred		32 Raphel Rd.
2 11 0	-		only one couse per tipe for (o) (b), cED BY:			Oper Falls Md.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
tow requires that the death  a been signed by the artend  remit. Then please remove ca  prior to buriol, cremotion, o  prior to buriol, cremotion, o	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  OF DATE OF OPERATION	meliting (	Boventa 1/45	Follews X 200 AUTOPSY? 20b. IF	GIVEN IN PART 110.  YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH?
7 6 4 4 4 4 L	=				YES NO	YES NO
3 1 3 1 2 4	8	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
25 P 25 P 2 /	CAI	(IF EITHER NOTIFY MEDICAL EXAMINE	er) P.M.	19		
THE PERSON STATES	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY
Se 11 1	1	AT WORK NOT WHILE				
Z = 8 5 J c			pital) attended the deceased from		, to	, 19, that (I) (we)
H# 554 E	1	saw the deceased alive or above, (I) (we) (did) (did n	n 19	, and that in (my) (aur) apinion	death accurred on the date and t	nour and from the couses stated
名名 報名 五 五	13	22h SKINATURE	1	DEGREE		224. DATE SIGNED
A THE DESTRUCTION OF THE PERSON OF THE PERSO		Must D.	Selver USD	PHYSICIAN	DIRECTOR PHYSICIAN	Nec. 16,8
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515413		BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	210
BP		Burial	12-19-1983	Parkwood Cemetery	the second second	Baltimore Md.
DUMH 14 5014 4 (BC	24. FI	JNERAL DIRECTOR		27 087 25a. DA	TE REC'D. BY REGISTRAS 156. REG	ISTRAR'S SIGNATURE
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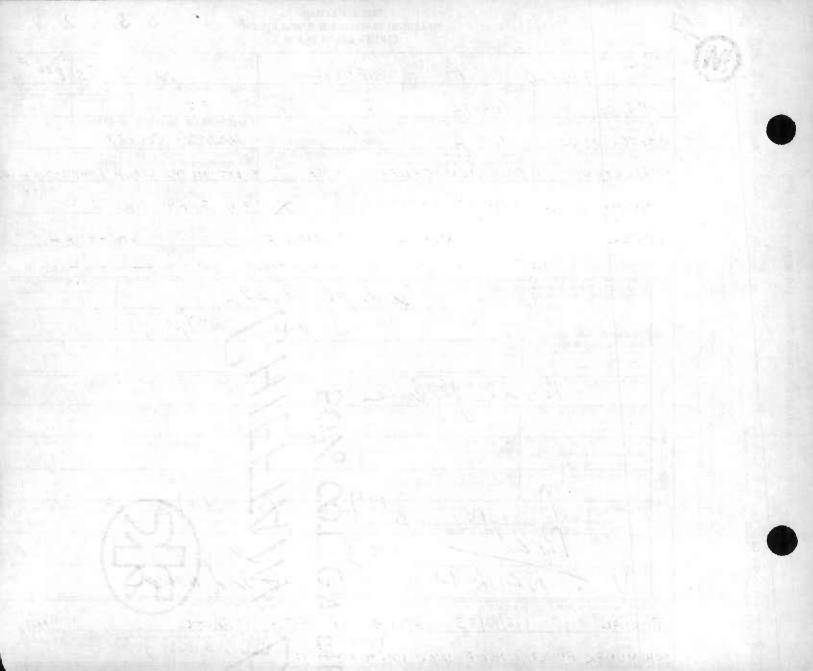
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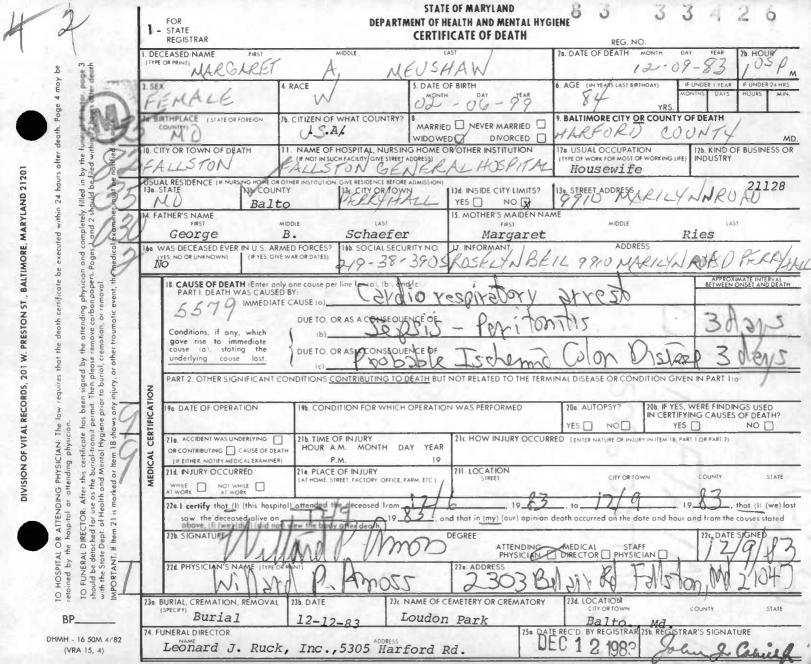
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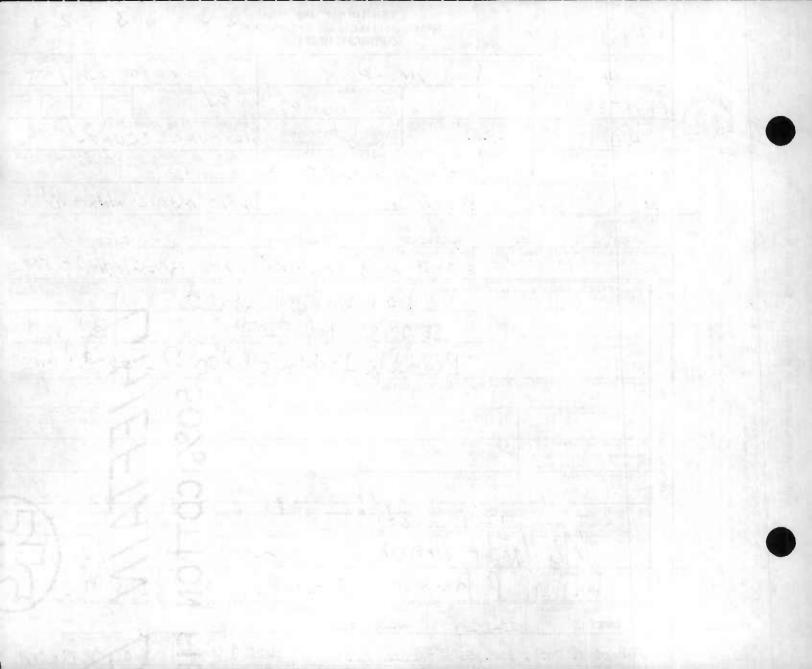
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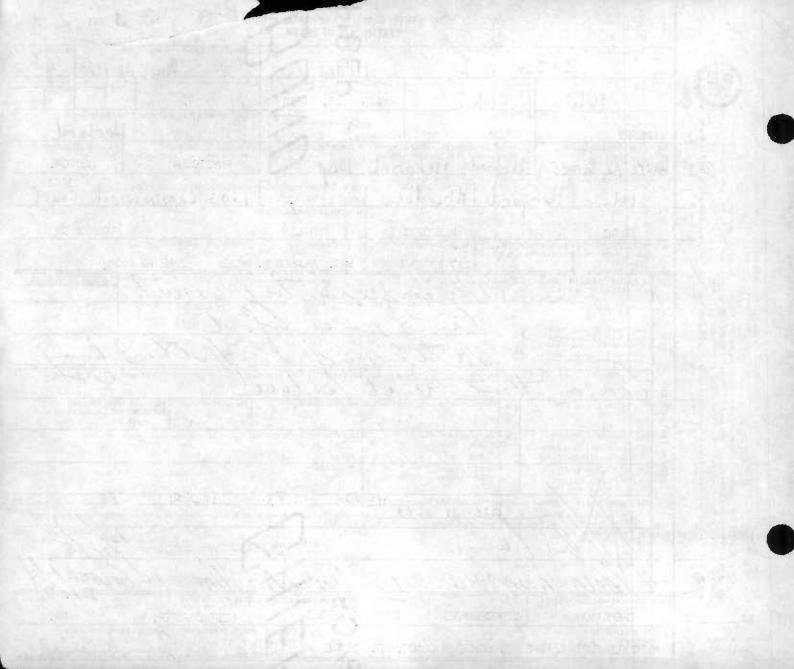
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1/	13-	STATE	AAI	EDICAL EXAMINI				
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A SEES		RTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED NEVER	MARRIED . 9. BALTIA	MORE CITY OR COUN	
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BALTIMORE, MD. 21201 S AFTER CEATH. IF AND 33 GIVE PACES 1. 2 AND 33 TITH FORM PM. A FERMIN PACES 1. AND 25 SHOULD WISSON CENTRAL SECOND		TATE PA WE	HOME OR OTHER INSTITUTION, COUNTY ESTMORELAND	134 CITY OR JOWN	13d. INSIDE CITY CI			- 99 Pagg
O Neisse	14. F	ATHER'S NAME	WIDDLE	LAST		MAIDEN NAME	MIDDLE	111666
# \$55 S		SAMUEL	11/41/1	NEIOERHISE		INDA		NEIDERHISER
PAGE DE LA CONTRACTION OF THE CO		WAS DECEASED EVER IN	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY	NO. 17. INFORMAN	NT.	ADDRESS	
BALTIMO S. AFTER GIVE PA GIVE PA GIV		NO I		170 32 5820	MRS. GWE	NDOLYN GRIFFITH	309 STILLME	AOOW OR., JOPPA
ON ST 24 HOUR TIEM 18. CONG W PERMIT. GIENE. D	1	PART I DEATH WAS	AMEDIATE CAUSE (a)	or AS A CONSEQUENCE C	RUNARY	Heart	Discore	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MITHIN WITHIN WOLLIN WOLLIN WALLING RANSIT TAL HY	-	Canditions, if any, gave rise to imi	, which mediate (b)		ASCU	0		
CUTED VINE EXAM EXAM EXAM EXAM EXAM EXAM EXAM EXA		cause (a) stating the lying cause last.	(c)	r as a consequence c	F			
DIVISION OF VITAL RECORDS S. CERTHICATE SHOULD BE EXER RITING THE WORD "FENDING" RIED TO THE CHIEF WEDICAL E 3 SHOULD BE USED AS A BUI E OFFARRANDEL C'PEMATH OFFOR TO BUSIAL, C'PEMATH	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	/EN IN PART T (q).		
TAL ME	CERTIFICATION	190. DATE OF OPERATION	ON 196. CONE	DITION FOR WHICH OPERA	ITION WAS PERFORMED	D?		20 AUTOPSY?
T SAME TO SECOND	1 1	210 EXTERNAL CAUSE			21c HOW INJURY OC	CURRED LENTER NATURE OF I	NJURY IN ITEM 18 PART 1 OR PA	
ON OF THE ATT		UNDERLYING OR	USE OF DEATH P.	M. MONTH DAY YEAR M. 19				
DIVISI THIS CERT WRITING WARDED AGCE 3 SP TATE DEP	MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WOR	HILE STREET, FA	E OF INJURY (ATHOME, CTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN CC	DUNTY STATE
MEDICAL EXAMINEE: CUT THE CERTIFICATE SE 4 SHOULD BE FORV FENDERATH UNITED THE THE SEATH THE SEA			ak charge of the remains d			spectian . Inquiry		pinian
E ERTE		death resulted fram:	Natural causes 4,	Accident L., Sui	tide , Hamicide		nanner [],	
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COOGGE	23e.B	URIAL, CREMATION, REM			ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY STATE
999 BP	24 5	BURIAL UNERAL DIRECTOR	29DECEMBER	83 PORCH CE		DONEGAL TO	DWNSHIP, WEST	
DHMH-17	-	NAME	ADDRE		01.070		17	
(VR A15 ME (5) ) 15M 2/80	MI	TUHELL FUNERAL	HUME PA, HAVRE	de GRACE, MD.	210/8	0 0 8 4000	John S.	abut



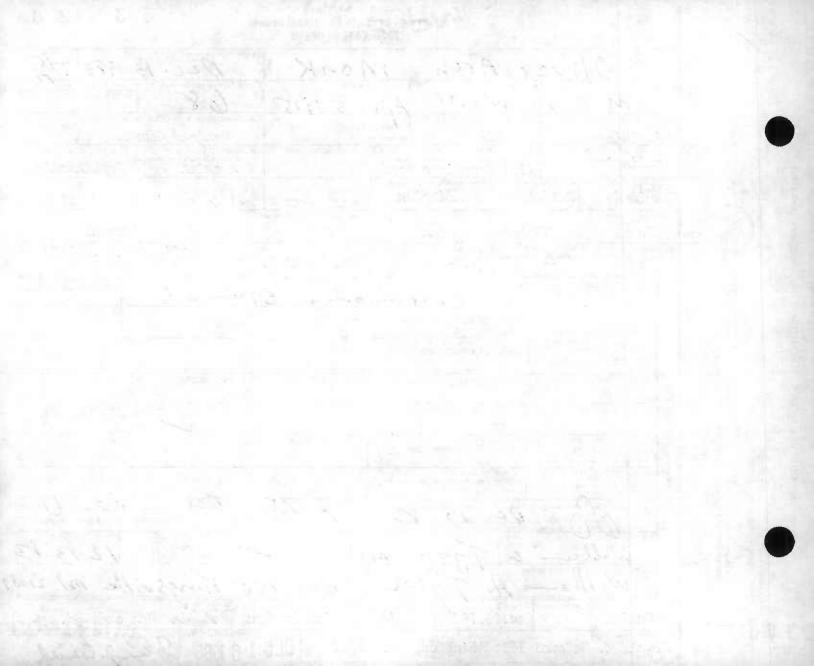




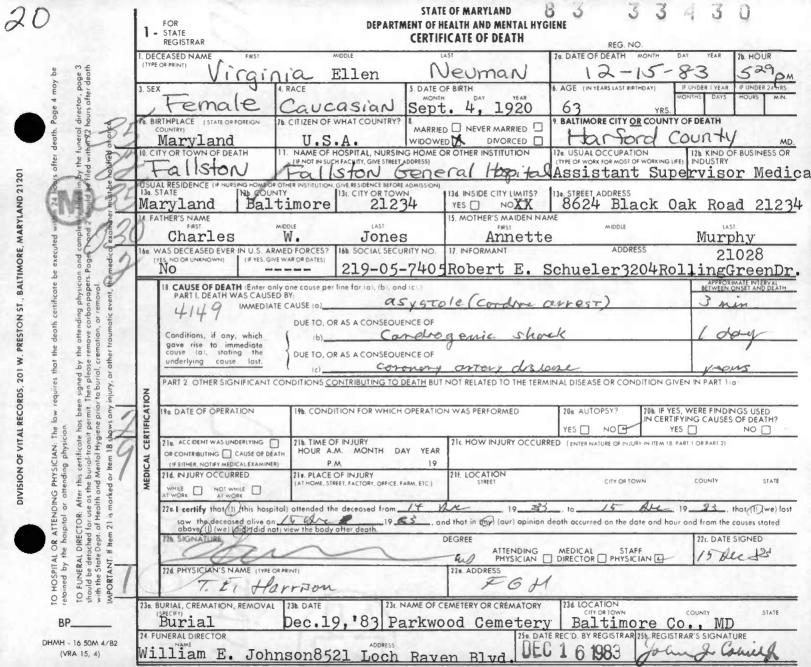




(VRA 15, 4) 1/79



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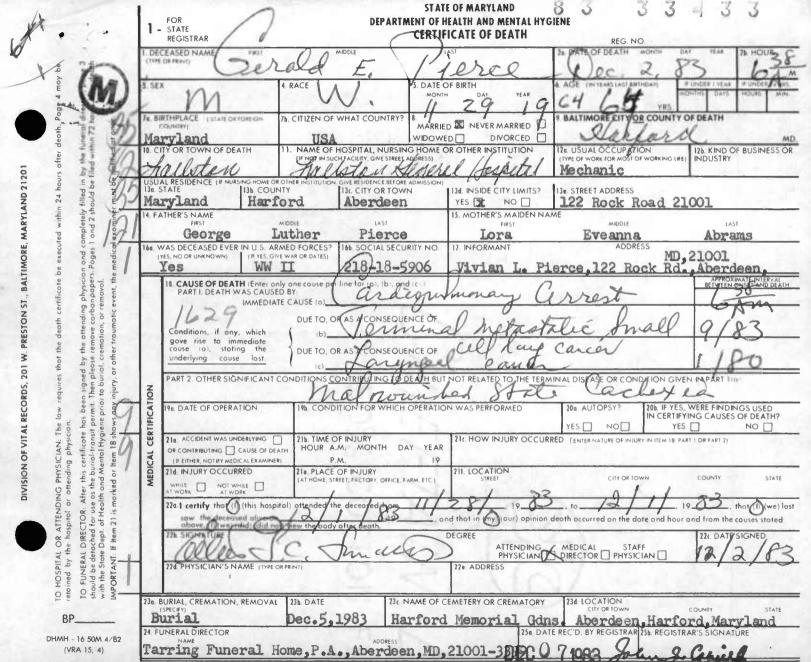


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	1.	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL I	TYGIENE	
1	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	1. DE	CEASED NAME FIRST	MIDDLE	EAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
)	(TYPE	OR PRINT)	3 Nick	DANOS	December	r 2, 1983 10 3
1	3. SE	Jame'	14 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
	J. JE.	IAA .	1 1 1	MONTH DAY YEAR	/ 2	MONTHS DAYS HOURS MIN.
		MAIE	1) hite	Jm. 22.1923		YRS.
16	₹a. B	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	
クリ		naryland	u.s. A.	WIDOWED DIVORCED	1 Harbord	ounty, M
1/2	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
44	E	allston		enceal Hospital	Supply Coordin	
P.V	UsU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)		21114
Sir					130. STREET ADDRESS	alor T
14	_	THER'S NAME	ford Co. BEI Ai	YES X NO 15. MOTHER'S MAIDEN		8 HCC HC
130	14. FA	FIRST	MIDDLE	FIRST	WIDDLE	LAST
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medica		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFORMANCE	=)838-6953 ADDRESS	st Brondwas.
		6-Army WW		-0521 Mrs. Lois J.	PANOS BEI	for Maryland 21014
		IN CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b).	and (c)   A - A	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
60		PART I. DEATH WAS CAUS	ED BY:	adding the	est)	
9		I I I I I I I IMMEDIA	ATE CAUSE (a)	equeux 15151	100	
otio		7147	DUE TO, OR AS A CONSE	QUENCE OF	7	
50		Conditions, if any, which	(b)	stonory AM	4) Disea	20
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF	1	
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-	CERTIFICATION	19a DATE OF OPERATION	TIGS CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20	Ob. IF YES, WERE FINDINGS USED
	J.F.	THE DATE OF CHEMINION			II.	CERTIFYING CAUSES OF DEATH?
0	Ē				YES NO X	YES NO
U	U	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 216. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
	¥	OR CONTRIBUTING CAUSE OF D	CAIR	19		
-	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		COUNTY STATE
	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK		17/1	N.S. 1.	77 88
			oital) attended the deceased fro		1 , to	19
7		sow the deceased olive o abave, (I) (we) (did) (did r	n at view the bady after death.	and that in (my) (aur) apir	nian death occurred on the date	and hour and from the causes stated
		17h SIGNATURE	1/1/1	DEGREE		22c. DATE SIGNED
		Charen	le Parale	ATTENDIN	G MEDICAL STAFF	DE 2. 483
-	1	The state of the s	OR PRINT)	122 ADDRESS	N DIRECTOR PHISICIAL	
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		Oco Ethy	t, REinhardt, M.	2003 180ck 3	pring Par torest Hill,	My. 91020
	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE 2	3c. NAME OF CEMETERY OR CREMATO	RY 234. LOCATION	COUNTY
12.12	-	SPECIFY) BuriA	DEC 5, 1983	Beithe Memorial Conde	3 Better Harto	od Co. MATHAGE 21014
				my K Williams St. 250.	DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
/B2	1	INERAL DIRECTOR	ADDRE!	10 - 10 M 2 10 W	UEC 5 1983	John & Cabrell
		Arrive at the	1311 1170 1	1101 Ja 1611 mar 1111		1

ATTIC CONTRACTOR STILL



Naryland | Darlord | Abstract | 122 Rock State | 2001 tonica include the local system and active applications Total W. It (21-1-1-1) to Line . Clarco, 122 mode C., Vocadesma Surfal | Lec. 5, 1903 | Surface | control disc. Lorden, Marting 

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10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   118. USUAL OCCUPATION   118. IND OF BUSINESS   118. USUAL OCCUPATION   118. IND OF BUSINESS   118. USUAL OCCUPATION   118. USUAL OCCUPA	CUS				MARRIE			R COUNTY OF DEATH	1
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18. FATHER'S NAME  GEOTGE HE WISLEY  OR SHART HE SHARE  THE WISLEY  OR WAS DECASED EVER IN U.S. ARMS DE ORCES?  18. SOCIAL SECURITY NO.  19. INFORMALITE B'36 - TISY SOCIAL SECURITY NO.  10. INFORMALITE B'36 - TISY SOCIAL SECURITY NO.  11. INFORMALITE B'36 - TISY SOCIAL SECURITY NO.  12. INFORMACION SECURITY NO.  12. INFORMACION S	24	13a. S	STATE 136, COUR	NTY 13c. CITY,Q	RTOWN		134. STREET ADDRESS	. 7	1014
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The state	9 7	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA		17. INFORMAN (MITE)	36-7154 ADDRE		
IL CAUSE OF DEATH   Enter only one couse per line for yal, (b), add (c)	The di			WAR OR DATES)	2-0712	mrs, KAthryn			1
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198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  208. AUTOPSY?  216. ACCIDENT WAS UNDERLYING   NO   YES   N	0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR'	Llio
OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  19  21d. INJURY OCCURRED  21d.	uniu	Z							
OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  19  21d. INJURY OCCURRED  21d.	huo	N E	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		
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220. I certify that (I) (this baspital attended the deceased from 19 3, and that in (my) (embopinion death occurred on the date and hour and from the causes state obove, (I) (mg) (did) and not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	E	/		ain i					
220. I certify that (I) (this haspital) attended the deceased from 19 3, and that in (my) (each opinion death occurred on the date and hour and from the causes state obove, (I) (we) (did right not view the body after death).  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  220. DATE SIGNED  220. DATE S		000		21e. PLACE OF INJURY					
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DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DEC 28, 1983  220 ADDRESS  230 ADDR	50				( mg	, , ,	, 10		, mor (11 (110)
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			obove, (I) (we) (did) (did no	ot view the body after depth.					
220 ADDRESS  220 ADDRESS  220 ADDRESS  1012 ON MOTH POINT ROAd, Baltomore, No. 2122  230 BURIAL, CREMATION, REMOVAL 236. DATE  230 BURIAL, CREMATION, REMOVAL 236. DATE  230 ADDRESS  1012 ON MOTH POINT ROAd, Baltomore, No. 2122  231 NAME OF CREMETERY OR CREMATORY  232 LOCATION  CITY OF TOWN  COUNTY  STA  COUNTY  Burial  DEC. 30, 483  Shfrancis de Sales Call. Ch. Cem Abingdon, Harrford Co., Magnilland 210	No.		111547	to ins	7	ATTENDING	_ MEDICAL _ STA		
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Burial DEC 30, 1983 Sh Francis de Sales Coll, Ch. Cem Abingdon, Harbert Co., Mary land 210	RIA		V						
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	100	1	Burial	DEC 30, 1983	ShFFANE	is de Sales Coth, Chi	Em Abingdon, H	Arfact Co, Man	19212100
24 FUNERAL DIRECTOR - COSET W. Broadway & WINTAMS St. 250. DATE REC'D. BY REGISTRAN ST. REGISTRAN ST	4/82	1	UNERAL DIRECTOR	BE Air.	Maryland	21014 111	1031984		

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	REGISTRAR	FIRST	MED	MIDDLE	NER'S C	ERTIFICATE		TH REG. N		DAY YEAR 26 H	HOUR
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USU	AL RESIDENCE (#	13b. COUN' HARI	TY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS: YES NO [	148	FJACARESS 11in	g Pl.	Belair 21014	
	Domen		MIDDLE	Bartoli		15. MOTHER'S MA		WIDDLE	-	rantoni	
16a. \(Y	ES, NO, OR UNKNOW	EVER IN U.S. ARA N) (IF YES, GIVE	MED FORCES? WAR OR DATES)	350-32-		Fiore P	ucci	1403°Ro Belair,	flling Md.21	P1. 014	V
BURIAL, CREMATION, OR REMOVER THE CATION OF REMOVER THE CATION	cause (a) si lying cause PART 2 OTHER SIGN	toting the <u>under-</u> last	(c)CONTRIBUTING TO OFATH B	AS A CONSEQUENCE  UT NOT RELATED TO THE TE	RMINAL DISEAS		PART 1 (d)			20 AUTOPSY?	
TIFICA					LKATION W	A3 FERI ORMED:					
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	S ☐ CAUSE OF E	DEATH ? P.M.	12-1-839	AR	bject for		TATURE OF INJURY IN ITEM 18	3 PART 1 OR PART :	2)	
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	228 I certify death resulted	that I took charg			Autap Suicide	, Hamicide X	Undete	Inquiry , a	nd in my apin , DATE SIGNED.	10.0.0	3_
730.8		AME Mai	roarita A.	Korell M	.D	ADDRESS	111	Penn Stre	et		
	URIAL, CREMATION Burial		36 DATE 12-6-83	23c. NAME OF C		r CREMATORY  m. Garde	23d. LO	CATION DR TOWN Belair	COUNTY		
24 F	UNERAL DIRECT	or assahn	F.H. Kir	750 Belai		25c. D	EG O		There of the	NAMURE	

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	1-	FOR STATE		DEPAR	RTMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 3	3 3 4 3 7
		REGISTRAR			CENTIL	ICATE OF DEATH	REG. NO.	. 0 /
4		EASED NAME F	<b>IRST</b>	WIDDLE	-	AST	26. DATE OF DEATH MONTH	GAY YEAR 26 HOUR
y be y be	I	VEANT JESS		AROLINE	Key	Nolds	December o	75. 1983 10:15 M
E .	1. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
De 4	1	Female	White	е	Dec		YRS	1 48
S 45		THPLACE (STATE OF FORE	IGN 76 CITIZEN C	F WHAT COUNTR	Y? 8	D .ususa .u.aausa Xi	9 BALTIMORE CITY OR COUN	TY OF DEATH
eath.	0	DATY LOND	US	A	WIDOWE	D NEVER MARRIED *	HArford	MD.
D 21 3//	10. C1	Y OR TOWN OF DEATH		OF HOSPITAL, NUR		R OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
100 H 00 W	HA	une de Ger	ce Har		lemori	al Haspital		
bow how	DSU/	RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE	13c. CITY OR TO		134. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	DE
22 AN	Ma	aryland	Cecil	Elktor	n	YES NO X	186 Greenwood	Street, 21921
This stell	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	
mple ond	Ю.	Douglas	A.	Reyno	olds	Sandra	K.	Justice
S C C C		AS DECEASED EVER IN		? 168 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	
Mo Pag		NO OR UNKNOWN)	FYES, GIVE WAR OR DATES			Mr. Douglas	A. Reynolds. E	1kton, Md. 21921
ALTI re bi		18 CAUSE OF DEATH	Enter only one cause r	per line for (a) (b)	and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fica fica obys pop navc ent,		PART I. DEATH WAS	CAUSED BY:	CARN	In - PA	ESPIRATORY	ARREST	They 45 Tec
rent rent rent rent rent rent rent rent		71-51	MEDIATE CAUSE (a)			7,7,4	7///	
oth oth oth mot		100		OR AS A CONSEC	QUENCE OF	11- 1 m	ultople	
RES of to the		Canditions, if any, w		1010	mario	they y 180	act grace	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 ING PHYSICIAN. The law requires that the death certificate be executed within 24 has a ratending physician.  When this certificiae has been signed by the offending physician and completely illied in as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shaufaith than and Mental Hygiene prior to burial, cremotian, ar removal.  The statement of the proof		cause (a), stating underlying cause		OR AS A CONSEC	DUENCE OF	o corge	utill defect	4
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a DATE OF DEATH 2h HOUR 1. DECEASED NAME (TYPE OR PRINT) Hlbert 1983 6. AGE (IN YEARS TAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH MONTHS DAYS HOURS 24 1904 White Male Feb 9 BALTIMORE CITY OR COUNTY OF DEATH I BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia USA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Agriculture Farmer memoria USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CITY OR TOWN 3208 Level Rd. 21028 Harford Churchville Maryland NO X 15 MOTHER'S MAIDEN NAME A FATHER'S NAME Boothe Rudd Rosetta Sara John Robert ADDRESS. 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? IM SOCIAL SECURITY NO 17. INFORMANT 18 YES, GIVE WAR OF DATEST NO OR LINKHOWNS 212-32-3090 Naomi Ball, 3208 Level Rd., Churchville, Md. IR CAUSE OF DEATH (Enter only one couse positive for to b), and is PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE gave rise to immediate couse (a), stating the underlying couse fost DISTRIBUTING TO DE WITH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION CHEST IN PART IS PART 7. OTHER SIGNIFICANT CONDITIONS C milinen 7th IF YES, WERE FINDINGS USER 190 DATE OF OPERATION 18 CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSYT IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING. 71h TIME OF INJURY 214. HOW INJURY OCCURRED. LINITED AND OF HIGHER HER THE PART TORPHET 21. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CHAPLE CHAPMEN CHANGE WITH HERE ALEXANDER THE INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION CITY OF SOME COUNTY STATE TAT HOME, STREET, FACTORY, OFFICE, FARM, BAGH 27x I certify that (1) (this hospital) allended the deceased from 2 and that in (my) (our admining death occurred on the date and hour and from the course stated sow the deceased alive on show. (1) [we] (did) (did not) view the body of its de-The DATE SIGN 77h SIGNATURE DEGREE ATTENDING MEDICAL STAFF 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY STALLOCATION 236 DATE Burial Dec. 12, 1983 Baptist View Church Forest Hill Harford 74. FUNERAL DIRECTOR DHMH - 16 50M 4/83 600 Main St., Delta, Pa., 17314 John Harkins (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) MAYNARI HOPKINS IF UNDER I YEAR 3 SEX & AGE (IN YEARS LAST BIRTHDAY) Male White 1926 26 56 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXX NEVER MARRIED Maruland USA WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR INDUSTRY Da TYPE OF WORK FOR MOST OF WORKING LIFE Farmer Maryland 136 COUNTY Harford 130. STREET ADDRESS 13d. INSIDE CITY LIMITS? Fallston 1414 Ryan Road NOXIX 21047 15 MOTHER'S MAIDEN NAME MIDDLE John Wimmer Ruan Olga In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21047 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-26-2102 Ruan, 1414 Ruan Rd. Fallston 18. CAUSE OF DEATH (Enter only one couse/per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (C Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 THE DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s. AUTOPSYT 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT 21s. ACCIDENT WAS UNDERLYING. 21k TIME OF INJURY HE HOW INJURY OCCURRED (ENTER HATURE OF PAULET IN THE TE PART ) OR PART II Herrill 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING THE CAUSE OF DEATH OF EITHER WOTTER MEDICAL FRANCHERS 714 INJURY OCCURRED 71s PLACE OF INJURY TH LOCATION COUNTY AT HOME STREET PACTORY OFFICE PARM, ETC I CITY OF TOWN STATE 22s.1 certify that (I) (this hospitally attended the deceased from and that in (my) (our) opinion death accurred on the 77h SIGNAJURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 234 PHYSICIAN'S NAME (1995 OF PRINT 22e. ADDRESS should be 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial BelAir Memorial Gardens. Bel Air DHMH - 16 50M 4/B2 Howard K. McComas III. Abingdon. Md. 21009 (VRA 15, 4)

Burial Dec. 13 14x4 Rexall memoriae Gardens, 52t Ain 1127 Louis

## STATE OF MARYLAND

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12 CAUSE OF DEATH (Enter only one couse per line for io), (b) and (c)   PART I. DEATH WAS CAUSED BY:   PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO:   PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO:   PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO:   PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO:   PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO:   PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO:   PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO:   PART I. DEATH WAS UNDERSTORD   218. TIVE OF INJURY YES   NO [2]   PART I IO:   PART I. DEATH WAS UNDERSTORD   218. TIVE OF INJURY YES   NO [2]   PART I IO:   PART I. DEATH I IO:	j.		AS DECEASED EVER					17. INFORMANT		ADDI	ESS 961	Sche	ring Rd
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Miguel A. Castro Je M.D. 805 Fuse Age Are Balto. M.D. 21220  236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY Sindangan—Promince of Removal Zamboanga Delnort	1		ZVI	LUL	DOO 1	1100	8		SICIAN V	DIRECTOR PHYS	ICIAN	121	10192
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DHMH - 16 50M 4/82 (VRA 15, 4)

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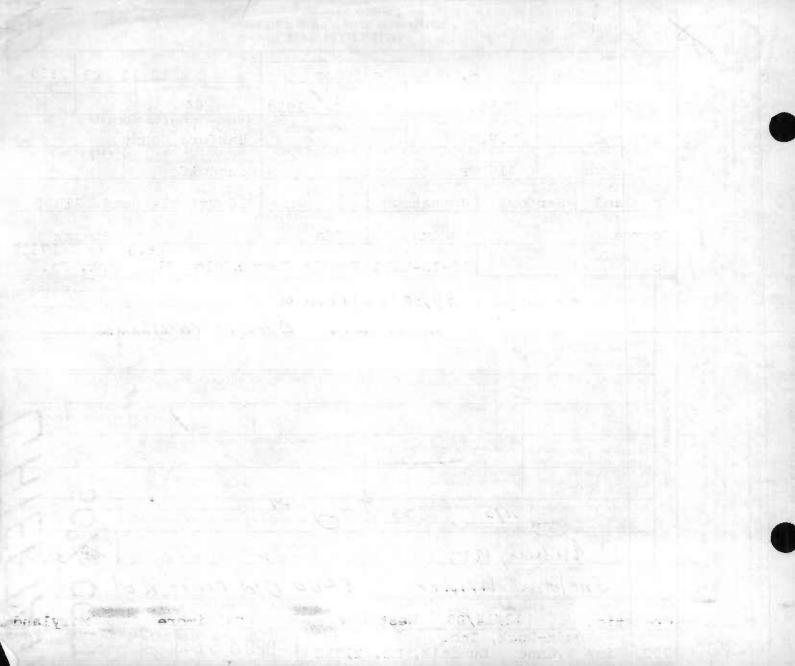
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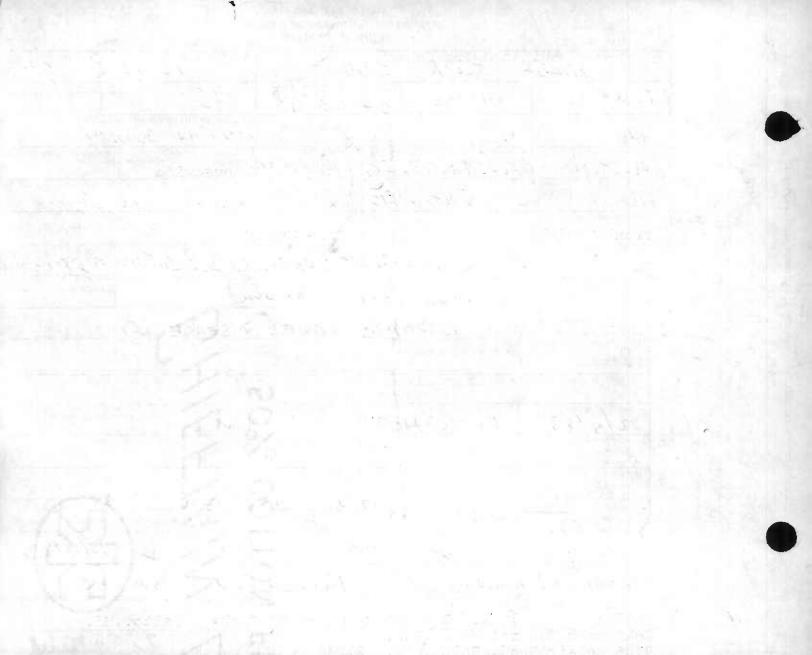
(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	10			
	EASED NAME	FIRST		MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YE	EAR 2	2b. HOUR
TYPE	OR PRINTI	da		М.	Sch	naener			12	13 8	83	9:50
3. SEX			4 RACE		5. DATE C			6. AGE IN YEARS LAST B	RTHDAY)	MONTHS		IF UNDER 24 HRS
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	TY OR TOWN OF DEA	TH	11. NAME OF			R OTHER INSTITUTI	ON	120 USUAL OCCUPAT	ION	12b. K		BUSINESS O
Jo	ppatown			Trimble		i i		Housewif		tire)   INDO	SIKI	
	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LI	AAITS2	13e STREET ADDRESS				30.0
	ryland		ford	Joppat		YES NO		416 Trim		Road	2	1085
4. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAI	DENNA	WE			LAST	
Ge	orge	· ·	MIDDLE	Hartun	ıg	Ida					tua:	rt
	AS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDF	ESSRt.	. 3		1732
No		(11 123, 014)	E WAR OR DATES)	212-18-	2679	Pamela	Che	rundolo	Glei	n Roc	k,	Pa.
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CERTIFICATION	19a. DATE OF OPERA	NON	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?		YES, WERE F		
TIE								YES NO NO		YES 🗌		NO 🗌
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEA		DE INJURY M. MONTH D M. +2 2	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 1	8 PART I OR PA	RT 2}	
MEDICAL	21d INJURY OCCUR!	HE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR T	OWN	COUN	ITY	STATE
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	22d. PHYSICIAN'S N	e do	r print)  M	ilner		5400	0	ld cour	+ R	201		
	URIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUNTY		CTATE
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24 FL	NERAL DIRECTOR D	uda-	Ruck,	Inc.			25a. DAT	REC'D. BY REGISTRA	25b. R	STRAR'S SK	CATI	hull
79	22 Wise	Aven	ue D	undalk,	MD.	21222	U	EP 1 2 130	100	- unc	1	





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noy be page 3	20	3. SEX		1 1 2 C	ACE	[ [ ]	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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9 9	21	13a. S	TATE 136	COUNTY	,	13c. CITY OR	TOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRE			21078
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s tho	0 0				(c)							
IVISION OF VITAL RECORDS, 201 W. PRESTON ST. G PHYSICIAN: The law requires that the death certificate and physician. Ter this certificate has been signed by the ottending plays the buriol-transit permit. Then please remays carbang and Mental Hygiene prior ta buriol, crematian, or rem.	ury.	z	PART 2 OTHER SIGNIFI	CANT CON	IDITIONS CO		3 TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION GIV	EN IN PART TO	0,
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To Se Final Paris	is		22a.1 certify that (1) (the saw the deceased of		12-		10111	nd that in (my) (our) opinion				that (I) (we) lost
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	27.		URIAL, CREMATION, REA		36. DATE		73c NAME OF C	EMETERY OR CREMATOR	23d LOCATION CITY OR TOW	4	COUNTY	STATE
BP		24 51	BURIAL INERAL DIRECTOR		13DECEM	BER83	MT. ERI	N CEMETERY	HAVRE de	GRACE, HA	RFORD, M	ARYLAND
DHMH - 16 50M 4/	′83		CHELL FUNERAL	LIOME O	A 110115		RESS	101	EL 1 4 1983	REGIST	RAKSSIGNAL	UKE
(VRA 15, 4)		I'I L	UNLLL FUNERAL	HUMP P	A. HAVR	r de liki	ACE. MD 2	111/8	1000	1 miles		



E. F. Lassahn F. H. Kingsville, Md. 21087 ANU

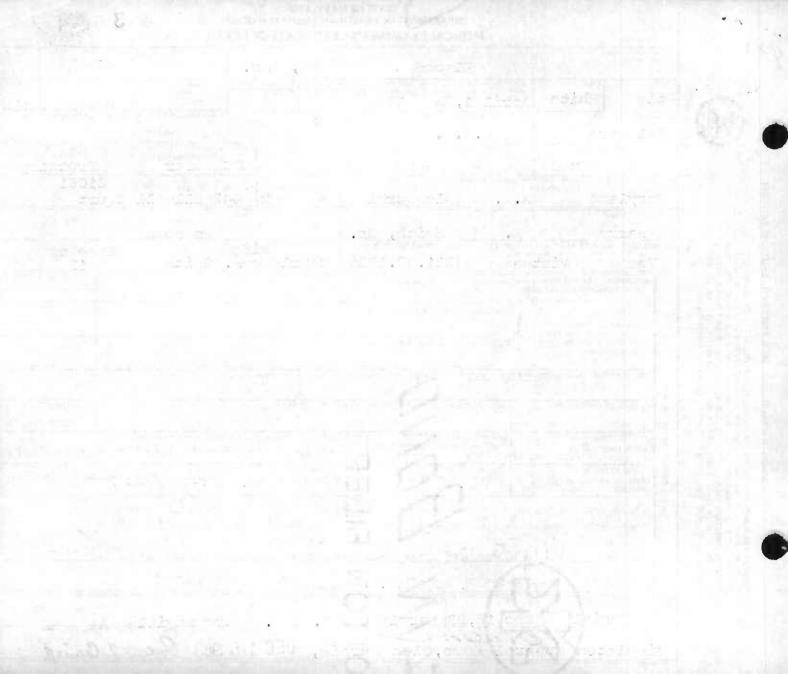
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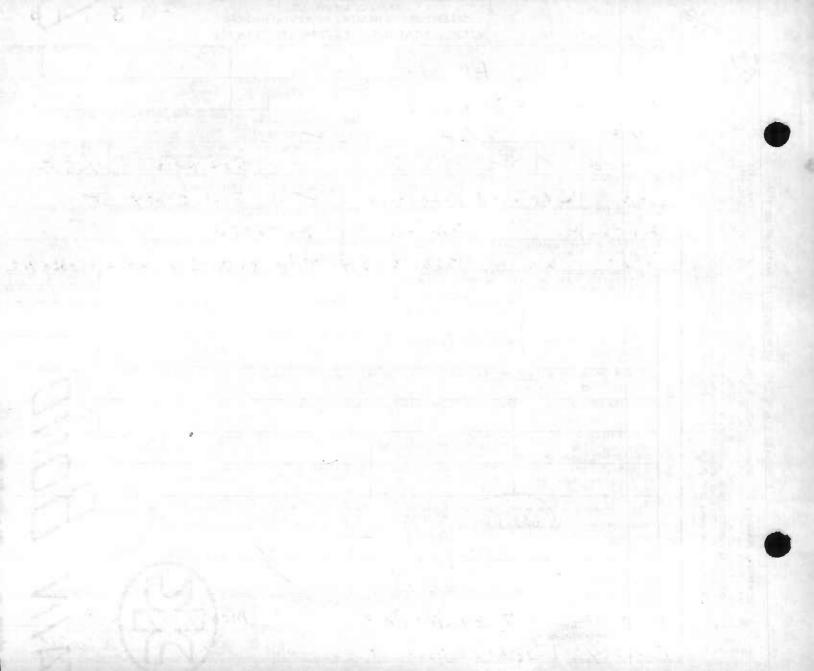
(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME FIRST 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-Smith James 27 19 83 2d. HOUR 3 SEX 4 RACE DATE OF IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10:1 84a DEAD 30-1923 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) UH WIDOWED A DIVORCED Harford County. ID CITY OR TOWN OF DEATH CUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 31 Liberty Street Aberdeen ISUAL RESIDENCE OF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME MIDDLE MIDDLE 17 INFORMANT ADDRESS SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cirrhosis of liver OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ilCAIE, WARDED TO THE CONTROL OF E FORWARDED TO THE USED AT THE STATE DEPARTMENT OF HEAT HE STATE DEPARTMENT OF BURIAL, I. C. THE STATE DEPARTMENT OF BURIAL, I. C. THE STATE DEPARTMENT TO BURIAL. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY LATHOMS HE LOCATION AT WORK IN NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 27a. I certify that I took a emains described above, held an Inspection and in my opinion Inquiry death resulted from Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE Deputy Chiefedical EXAMINER 1/3/84 EXAMINER'S NAME ADDRES 111 Penn St. Thomas D. Smith, M.D. Balto, MD. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DAT BP 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 20M 4/82



10	FOR STAT REGI	E STRAR			DEP	ARTMENT OF	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIL		3 3 EG. NO.	aj d	9
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ATTENDI ospital or ECTOR: A d for use it. of Heol	S	certify that (I aw the decear above, (I) we)				rom	nd that in my (our	r) opinion de	, to or eath accurred or	the date and l		he causes stoted
by the hosp by the hosp ERAL DIREC ERAL DIREC Store Dept of		HYSICIAN'S N	Cell	Jels <	Du	" ill	ATTE	NDING SICIAN	MEDICAL DIRECTOR   1	STAFF PHYSICIAN [	/2	/12/83
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10	1.	FOR STATE		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG	ENE 3	3 4 5 0
10		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	).
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moy be poge 3 er death	3. SEX	Teralo	I RACE	S. DATE OF BIRTH 5	6. AGE (IN YEARS LAST BIRT	A
ge 4 s oft		Female	Caucasian	MONTH 115 / 37	46	YRS.
ooth. Po	P.	RTHPLACE (STATE OR FOREIGN )	6. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Harford	COUNTY OF DEATH
Offer d	10. CI	Tallston	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATE (TYPHOL MORK FOR MOST O	
24 hours	USU/ 13a. S	ALRESIDENCE (IF NURSING HOME OR OTATE 136 COUN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	0
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by the otter sse remove c, cremotion, other froum		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)  DUE TO, OR AS A CONSEQUEN	CE OF		
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The low recition.  te hos been ssi permit. Il giene prior t	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
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ol or use or Heolth		22a   certify that (1) (this hospit	ol) ottended the deceased from	January 19 8		ote and hour and from the causes stated
RECTC RECTC red for em 21		sow the deceased glive on obove, (I) (we) did (did not 22b. SIGNATURE	view the body ofter deoth.	DEGREE	acom occurred on the de	12c. DATE SIGNED
by the h		Kevin Do	yle mo	ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC	
HOS bined FUN Pould the		Keuin Do	yle mo	Chiwersity	of Mary	and Hospital
BP		BURIAL, CREMATION, REMOVAL		ame of cemetery or crematory Wiew Memorial Gar	dans Fallst	on Harford Md.
DF		UNERAL DIRECTOR	in a grand			256. REGISTRAR'S SIGNATURE
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211 28/85/31 Geraldinie To Steven Fernales Caucasian 8 15/37 46 100 Instruct Pe ULS Harton Co. Fallston 3210 Ascot La. Tracket Land Maryland Harbed Faltilen - 3210 Ascet Ca - 100 Garyanni To Teckori Rosalie .. Di beneditto 178 30-1907 Has band Same REHALL CELL CARRENOMINE 13 MEMPLE James of the state Versen Deeple 1849 that I don't Keen Degle may chicocopy of Maryland Hospital

executed within 24 hours ofter death. Page 4 may be

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TO FUNETAL DIRECTOR: After this certificate has been signed by the place in the place in the place in the state Dept. of Health and Mental Hygiene prior to burial, are

OR ATTENDING PHYSICIAN: The

MPORTANT: If them 21 is morked or them 18 shows ony

7922 Wise Avenue

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPART		ICATE OF	MENTAL HYG DEATH	IÈNE	REG. NO.				
1. DECEASED NAME (TYPE OR PRINT)	<b>BHN</b>	Å	MIDDLE	T	AYLO	R	26. DATE OF	DEATH MONTH	15	83	26. HOL	57 <sub>M</sub>
3. SEX		RACE		5. DATE C		YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UN	DER TYEAR	IF UNDER	24 HRS
Male		Whit	ce	10	3	1926	57		rRS.			
7a. BIRTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9. BALTIMO	RE CITY OR CO	UNTY OF	DEATH		
Maryland		U.S.		WIDOWE	D D	VORCED	HHK	HOKE	)			MD.
FALLSTON	ATH 11.		HOSPITAL, NURSI		CAL t	TITUTION OSPITAL	TYPE OF WORK	OCCUPATION FOR MOST OF WORK CONIC ET	(ING LIFE) IN	U.S.		
USUAL RESIDENCE (IF NUR.	NG HOW OF OTH	ER INSTITUTION.	GIVE RESIDENCE BEFOR		1 13d. INSIDE (	COTIANI I VII	13e. STREET A	ADDRESS				
Maryland	Balti	more	Dundal		YES	NO X		Plainfi	eld H	Road	212	22
14. FATHER'S NAME	MIDI	nie	LAST		15. MOTHER	S MAIDEN NAM		WIDDLE		LAS		
William	Militia	DIE.	Taylor	2	Mad	deline		WIDDLE			' ovan	
160 WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17. INFORM			ADDRES 21	Penr	sylv	ania	Ave
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OR COLURNS INTO	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH E	YEAR	21c. HOW II	JURY OCCURR	YES TENTER NAT	TURE OF INJURY IN IT	YES	OR PART 2)	NO [	1
GIF EITHER, NOTIFY MED  21d. INJURY OCCUR  WHILE NOT W AT WORK		21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	21f. LOCATI STREE			CITY OR TOWN		COUNTY		STATE
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230. BURIAL, CREMATION		23b. DATE 12/19	7. 6.5		emetery or of Fa			TION ORTOWN ltimore	co	unty Ma	ryla	nd
24. FUNERAL DIRECTOR			Inc. ADDRESS		<u></u>		E REC'D. BY RE	GISTRAR 25b. R	GISTRAR'			

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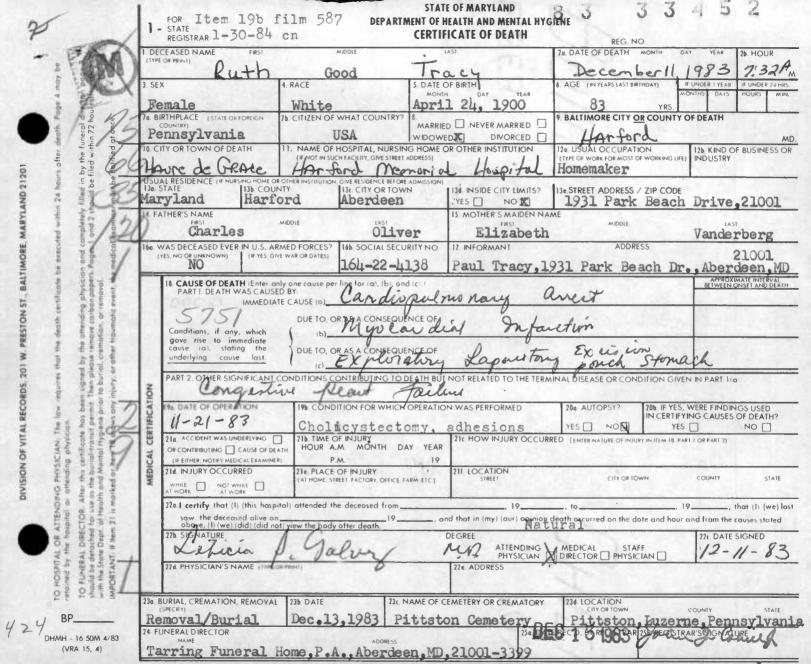
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR STYPE OR PRINTS 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 AL VO Feb. 1918 emale hite TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED | Harford County IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Havre de Grace Harford Memorial Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Aburdeen 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Thomas W. Bryson Stella Craig ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 913 Carsins Run Rd. CIE YES GIVE WAR OR DATEST No Allen E. Aberdeen. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and/c. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 7 CONSEQUENCEOF Conditions. if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE OR CONDITION GIVEN IN PART 11g CERTIFICAT 20h. IF YES, WERE FINDINGS USED OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE WHILE AI WORK 22a 1 certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Port Deposit Dec. Asbury Cemetery Maryland Cecil

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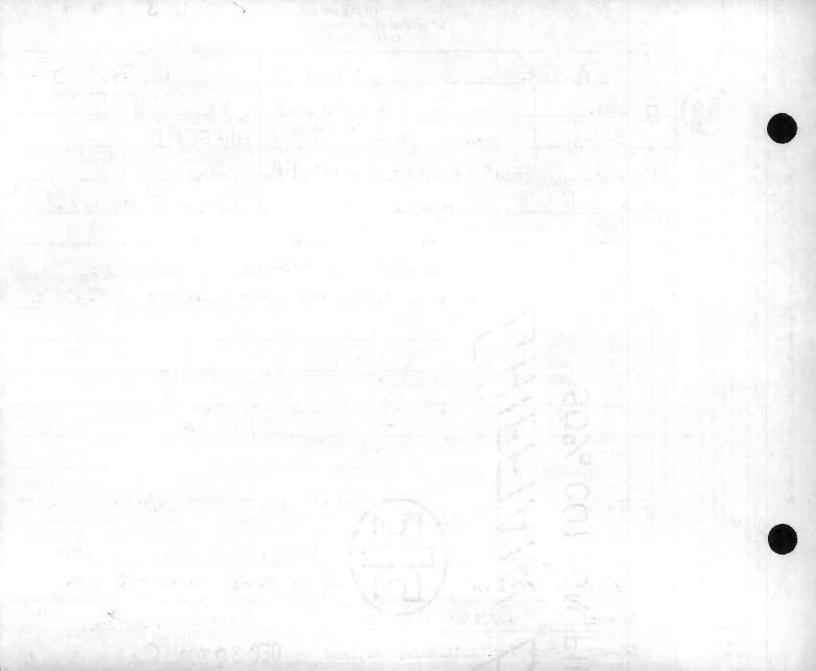
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STATE OF MARYLAND



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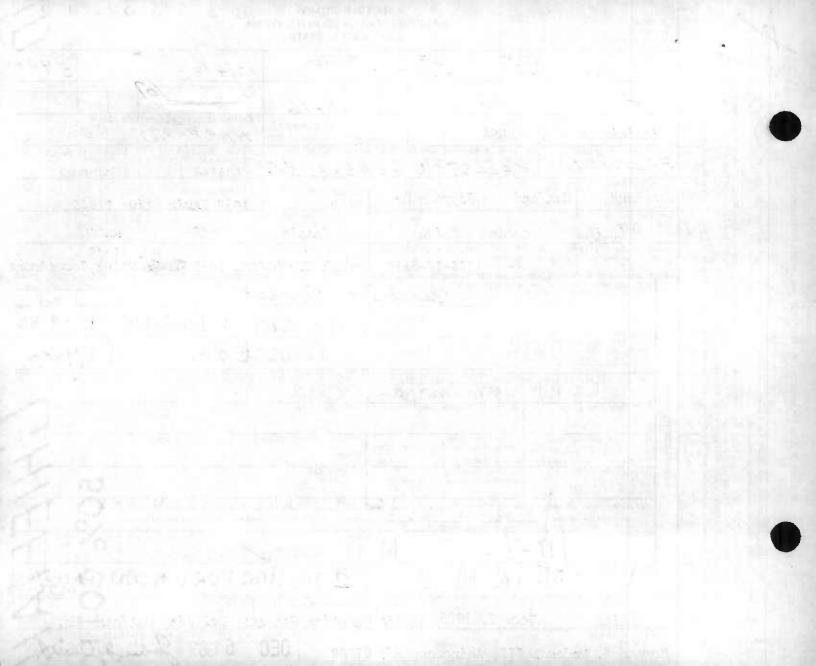
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YLAND 2 ithin 24 ho ithin 24 ho ithin 24 ho ithin 25 should be included inc	Maryland 14 FATHER'S NAME	Harford	Joppatowne	13d. INSIDE CITY LIMITS? YES AND 15 MOTHER'S MAIDEN N	130. STREET ADDRESS 1038 Erwin DI	rive 21085
E, MAR	Will	iam Daylo		Bessie	Bell	Duncan
tion and ers. Page:	IYES, NO OR UNKNO	WN) (IF YES, GIVE WAR OR D)	216-14-3610		MC	d. 21085  Drive, Joppatowne  BETWEEN ONSET AND DEATH
IN. PRESTON ST., BA	Canditions,	IMMEDIATE CAUSE  DUE  if any, which a immediate	to, OR AS A CONSEQUENCE O	Server C	nd + Auto	Ihr
VITAL RECORDS, 20 No. The law requires hypician. hypician from signis rounts permit. Their pl Hygene prior to busi. Ill shows any rejery, o	190. DATE OF C	OPERATION 196. C	CONDITION FOR WHICH OPERA	TION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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TO HOSFIAL C ceroined by the ceroined by the TO FUNERLY Below with the Sight D MACRIANT, B	22d. PHYSICIA 23a. BURIAL, CREMA (SPECEY)	O'S NAME TORPRINT)  TION, REMOVAL 23b. DA  L  Pec.		ATTENDING PHYSICIAN PROPRESS  TO ADDRESS  TO ADDRESS  TO ADDRESS  TO ADDRESS  TO ADDRESS  TO ATTENDING PHYSICIAN PHY	23d. LOCATION	OAD; FALLS TO N MD2104)
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIREC	TOR	Ahinadan Md	25a. D.	ATE REC'D. BY REGISTRAR 256 AEC	GISTRAR'S SIGNATURE



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STATE OF MARYLAND

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5	V		STATE REGISTRAR		ME	DICAL EXA	AMINER'S	CERTIFICATE	OF DEATH	REG. NO.		
	% S S ⊢		CEASED NAME	FIRST OCU 15A	McC	MIDDLE	Leh	i to food	20. DATE OF DEAT		2 16 19 83	2b. HOUR
Y, PLEA	FUNERAL DIRECTOR. D. WITHIN 72 HOURS W. PRESTON STREET,	3. SE)		E 5. C	DATE OF BIRTH	6. A	ST BIRTHDAY) MON		R 24 HRS. 2c. DA	TE MOI	NTH DAY YEAR	2d. HOUR
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MO.	ANGA	14. F/	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAI	DEN NAME	MIDDLE	LAST	
	2 C C C S S S S S S S S S S S S S S S S	-	W.	Sco	ott	White		Marian		J.	McConkey	
BALTIMORE,	S. GIVE PAGES WITH FORM I F. PAGES I AN DIVISION OF	160. V	VAS DECEASED EVER es. no, or unknown) NO	(IF YES, GIVE WAR		215-3	32-2189	Kathryn W	. Eiley 2	ADDRESS Whi 612 White	teford MI ford Rd.	)
DS, 201 W. PRESTON ST.	" IN PENCIL IN ITEM IS LEXAMINER ALONG I IRAL - TRANSIT PERMI ND MENTAL HYGENE, ITON, OR REMOVAL.		18. CAUSE OF DEAT PART I DEATH W  HH D  Conditions, if a gove rise to cause (a) stating lying cause lost.	/AS CAUSED BY:  IMMEDIATE Coony, which immediate at the under-	AUSE (o)	as a consequ as a consequ	CORO JENCE OF	MARY (	4east D	DITERIA	APPROXIMATE BETWEEN ONSET	AND DEATH
ITAL RECORDS,	2 = 3 + 2	CERTIFICATION	190. DATE OF OPERA					WAS PERFORMED?	TAKI 1 (0).		20 AUTOPSY?	NO []
DIVISION OF VITAL			210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		INJURY . MONTH DAY	YEAR 21c. H	OW INJURY OCCUR	RED LENTER NATURE OF	NJURY IN ITEM 18 PART 1		NO LI
DIVISIA HIS CERT	A A A A A A A A A A A A A A A A A A A	MEDICAL	21d, INJURY OCCUR WHILE AT WORK AT W	WHILE -	21e PLACE C STREET, FACT	OF INJURY (AT ORY, FARM, ETC.)	HOME, 21f. LC	OCATION STREET	CITY OR T	OWN	COUNTY	STATE
WEDICAL	E 4 SHOULD BE FO FUNERAL DIRECTOR FOR DEATH, WITH THE IMORE, MARYLAND		220 I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)		F	Accident .	Suicide Auta	nsy , Inspect  Homicide   TITLE (SPECIFY)  A.D. Define  ADDRESS 46 S	MEDICAL EXA	nonner [],	ATE 12,17 GNED 12,17 Harr	B
2		23o.8	JRIAL, CREMATION, R		, ,		OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY STA	LTE
BI			Burial  JNERAL DIRECTOR  NAME	12,	=// \		eville C	750. DAT	Peach b REC'D. BY REGISTR	ot om Type AR B. REGISTRA	York PA	
(VR	A15 ME (5) ) 15M 2/80	Joh	n H. Hark	ins 600	Main S	treet De	elta, PA	PEG	Z 1 1903	Johns	- church	

DEC 2 1 DES Jan 2 Canada

10th		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 4 6 1										1
38 oc	8 E	I. DECEASED NA	ME Jour	John	MIDDLEVIC	tor	Zdziera Zb2		2a.	DATE KNOV OF ESTI	VN MONI	H DAY YEAR	Jan
N PLEAS	FILES. FOURS STREET,	. sex _ Male	White	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRTHDAY) 67 YRS.	IF UNDER 1 YR.		24 HRS. 2c.	DATE NOUNCED DEAD	THOM 51	DAY YEAR	W -
Medissa Medissa	1/2	76 BIRTHPLACE FOREIGN COUNTRY	(STATE OR	76. CITIZEN OF WI		RY? 8.	MARRIED N		D L	ALTIMORE O	AR FO	INTY OF DEATH	MD.
BLAY 15	A HAN	JOPI	OF DEATH	11. NAME OF HOS	CHITY CHE CTOS	ET ADDRESS!	ROTHER INSTIT		Sheet				BUSINESS STRY
11	A VEGETA	USUAL RESIDENCE	E (IF IN NURSING HOME O	AFOR O	13c. CITY			CITY LIMITS?	13. STREET	ADDRESS Apt A	Harb	2108 orside D	
ORE, MD. DEATH. II	10 PM	14. FATHER'S NA/	oun	Zdzie	ra			HER'S MAIDEN Antoine	ette	MIDDLE	1	LAST	
SALTIMO S AFTER I	WITH FOR	166. WAS DECEAS	SED EVER IN U.S. ARA	MED FORCES?	16b. SOCIA	1P-0	. –	hn Zdz	iera		-		•Va
DS, 201 W. PRESTON ST., BALTIMORE, MD. GCUTED WITHIN 24 HOURS AFTER DEATH. IF GW. IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AL EXAMINER ALONG WITH FORM PM. 3. BURIAL - TRANSIT PERMIT. PAGES 1 AND 2, S AND MENTAL HYGIENE, DIVISION OF WEAL ATION, OR REMOVAL.	CAL EXAMINER ALONG 1 BURIAL - TRANSIT PERM 14 AND MENTAL HYGIENE WATION, OR REMOVAL.	Condit gave cause lying c	DEATH WAS CAUSED  JEMMEDIAT  JEMM	TE CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONS	EQUENCE OF	ASC.	08	1 a	7 31	[laic		SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. S CRTHICATE SHOULD BE EXECUTED W. RITING THE WORD."PENDING" IN PEN	CHIEF MED E USED AS A T OF HEALTH URIAL, CRE	19a. DATE C	OF OPERATION	19h. CONDI	TION FOR W	HICH OPERAT	ON WAS PERFO	DRMED?				20 AUTOPS	
ISION OF V	S SHOULD B SHOULD B EPARTMEN PRIOR TO B	CONTRIBU	NAL CAUSE WAS NG OR TING CAUSE OF D OCCURRED	DEATH P.M	A. MONTH E	AY YEAR 19 (AT HOME,	21c HOW INJUR	RY OCCURRED					
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU  EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18  EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18  EXECUTE THE CERTIFICATE, WRITING THE CHIEF MEDICAL EXAMINER ALONG VERWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VERMIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE;  BATTIMORE, MARYLAND, 21201 PRIÇK TO BURIAL, CREMATION, OR REMOVAL.	WH-17	AT WORK  77a I ce death resu  ACTUAL SIGNATUR  EXAMINER (TYPE OR PI	S NAME LUI. RINT) ATION, REMOVAL TO	pe of the remains des ral causes	Accident [	, held on Suicid	ADDRESS.  ERY OR CREMA!  Memoria		Undeterm  MEDICA  Q///  238 LOCA	TION alt	and in my  DAT SIG	ie /2- ned /2- aux a a cea Alle	2 4 - 1/3 4 2/02 1 STATE
DH (VR A		NAME	/	al Jaje	1407	Old E	astern A	ve <b>DEC</b>	2 8 1	983 25	JEGISTRAR'S	S SIGNATURE L. Cohiel	R

